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ABSTRACT

This document presents testimonies from a hearing discussing the drug threat in the nation's schools and the issue of whether drug testing is an effective deterrent. The subcommittee conducted the hearing as part of an effort to fully understand the nation's drug crisis, how it impacts different parts of our nation, and what effective drug control efforts are under way. The hearing discusses what kind of drug treatment exists in New Orleans, and specifically addresses and examines local efforts to combat this problem in schools through the use of a drug testing program. Testifying before the subcommittee were a number of federal, regional, and local officials who are engaged in responding to the drug crisis and its consequences. The panelists included George Cazenavette, Special Agent in Charge, New Orleans Field Office, Drug Enforcement Administration; Major Pete Schneider, Counterdrug Coordinator, Louisiana National Guard; David Knight, Director, Gulf Coast HIDTA; Tony Soto, Deputy Director, Gulf Coast HIDTA; Harry Connick, district attorney, Orleans Parish, New Orleans, LA; Yvonne R. Gelpi, principal, De La Salle High School, New Orleans, LA; Aaron Middleberg, former student, De La Salle High School; and Rosemary Mumm, diversionary program director, Office of the District Attorney of New Orleans. Letters and statements submitted for the record are included. (GCP)

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ED 467 106

Drug Testing in Schools: An Effective Deterrent?

Hearing before the Subcommittee on Criminal Justice, Drug Policy and the Human Resources of the Committee on Government Reform

House of Representatives
106th Congress
First Session

May 30, 2000

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DRUG TESTING IN SCHOOLS: AN EFFECTIVE DETERRENT?

HEARING

BEFORE THE

SUBCOMMITTEE ON CRIMINAL JUSTICE,
DRUG POLICY, AND HUMAN RESOURCES

OF THE

COMMITTEE ON
GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTH CONGRESS

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DRUG TESTING IN SCHOOLS: AN EFFECTIVE DETERRENT?

TUESDAY, MAY 30, 2000

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
New Orleans, LA.

The subcommittee met, pursuant to notice, at 10 a.m., at De La Salle High School, New Orleans, LA, Hon. John L. Mica (chairman of the committee) presiding.

Present: Representatives Mica, Vitter, and Jefferson.

Staff present: Sharon Pinkerton, staff director and chief counsel; and Ryan McKee, clerk.

Mr. MICA. Good morning. I would like to call this hearing of the Subcommittee on Criminal Justice, Drug Policy, and Human Resources to order. Pleased to be in New Orleans today with my colleague, Mr. Vitter. We are expecting Mr. Jefferson to join us, but I do like to start these hearings on time, and we have a full schedule today.

Just for the information of those attending and participating today, this is an investigations and oversight subcommittee of the U.S. House of Representatives, I chair that subcommittee. I am pleased to have Mr. Vitter as a member of that subcommittee.

Mr. Vitter has joined our subcommittee which just happens to be one of the larger subcommittees of—I think it is the largest one of the Government Reform Committee of the House of Representatives. And again, we are charged with investigations and oversight of our fraud areas of our Federal Government. In particular, our subcommittee focuses on national drug policy. Additionally, we conduct oversight and investigations over HHS, HUD, Department of Education, international trade issues and the Department of Justice. So we have a full platter.

Today's hearing is being conducted at the request of Mr. Vitter, and the order of business today will be, I will start with an opening statement, I will yield to Mr. Vitter, and should we be joined by other Members. Also Mr. Vitter asked unanimous request that the record be left open for a period of 2 weeks. Without objection, so ordered. And we will allow additional testimony, if individuals, organizations would like their statements to be made part of this record, they can request that through the subcommittee, or Mr. Vitter or myself, and we will see that it is made part of the record.

We have two panels we will be hearing from. Our topic is the drug threat in schools, is drug testing an effective deterrent. Again, examination of this subject at the request of Congressman Vitter. The order of business again will be that we will hear from the two panels on our witness list.

This being an investigations and oversight subcommittee of Congress, for the benefit of the witnesses testifying today, all of the witnesses will be sworn. I will do that in just a minute. Additionally, if you have any lengthy statements or documentation, information, background that you would like to be made part of the official congressional record of this hearing, upon request through the Chair, that will be granted.

With that in mind, our first panel today consists of Mr. Harry Connick, district attorney for New Orleans, the State of Louisiana; Yvonne R. Gelpi, president and principal of the De La Salle High School in New Orleans, and I do want to thank you at this point for offering your school facilities for this congressional hearing. Additionally, we have Aaron Middleberg, a former student of De La Salle High School, and Rosemary Mumm, she is in charge of the diversionary program, the Office of the District Attorney of New Orleans.

I will now start with my opening statement, and will swear in our witnesses after we have heard from other Members.

Our subcommittee today is conducting this oversight field hearing as part of our need to understand fully the Nation's drug crisis, how it impacts different parts of our Nation, and what effect drug control efforts are under way and should be fully supported.

Today, we will learn about what kind of drug treatment exists in New Orleans, and specifically will address and examine local efforts to combat this problem in schools through the use of a drug testing program.

Since New Orleans is uniquely located in a deep-water port, and the Gulf Coast area has thousands of miles of coastline, drug trafficking organizations use this area as a logical transit point for illegal narcotics coming from Mexico, the Caribbean and South America. We are privileged to have with us today a congressional leader who strongly supports efforts to stop the flow of illegal narcotics into the United States, and also is an activist in protecting our communities from the ravages these illegal drugs cause. I know that Mr. Vitter, who invited us to this congressional district here in beautiful and historic New Orleans, has been very active in helping this region in dealing with issues of drug prevention and treatment, and also addressing national and international drug control.

I recognize also that he is a resident expert on the needs and concerns of the citizens throughout this area, and also an important force in fashioning Federal, State and local solutions.

I want to thank all the participants for their presence here today, and also for their dedication to this issue which is of critical importance to everyone across America. We are honored to have testifying before us a number of Federal, regional and local officials who are engaged in responding to the drug crisis and its terrible daily consequences. These officials serve, in fact, on the front line. They are apprehending and prosecuting drug producers and traffickers, and also counseling and educating those whose lives have been impacted, or well could be impacted by the use of illegal narcotics.

This subcommittee is particularly interested in how this community has designed and implemented the school drug testing program. Since the early 1990's, drug use among our youth has exploded. Clearly youth drug abuse wreaks havoc in our school systems, leading to poor performance, leading to crime, leading to tragedies in families. These children in our educational system are, in fact, the future of our country. We need to use every tool at our disposal to create a safe and drug-free learning environment in our schools. I want to take a moment to commend District Attorney Connick for his years of persistence and innovation in helping create these programs.

I personally believe that drug testing can be an effective deterrent to drug use in our schools, and I am also interested in learning more about effective and fair programs that can be replicated and used as models across our country.

In Congress, we want to ensure that the Federal Government is doing everything possible to assist you here in your local community, both in reducing the supply of drugs in the community as well as reducing the demand for illegal narcotics.

At a recent hearing of our subcommittee, we learned that estimates of Americans in need of drug treatment range from 4.4 to 8.9 million people. And less than 2 million people are reportedly receiving treatment at this time. This gap must be addressed. Our subcommittee will continue its oversight in this area, and also seek to improve our Federal programs that support successful State and local drug treatment, prevention and education, and, in this case, I hope, testing programs.

Today, we are focusing on the special challenges and threats facing New Orleans. Drugs pose a threat to our schools, to our law enforcement officials, and also to your health system. Since, again, New Orleans is so strategically located between the southwest border and the eastern seaboard, your community faces a great risk that drug trafficking organizations will operate here to move drugs coming in from Mexico and South America, the Caribbean and to and from other parts of the United States.

To help respond to these unique challenges, several counties and parishes in Louisiana, Alabama and Mississippi have been designated by the White House Office of National Drug Control Policy [ONDCP], as we refer to, as a high-intensity drug traffic area. And that also as an designation, an acronym we call HIDTA. These HIDTAs, high-intensity drug traffic areas, under Federal law, are defined as regions in the United States with serious drug trafficking problems that have a harmful impact on other areas of the country.

The mission of HIDTAs is, according to law, "to enhance and coordinate America's drug control efforts among Federal, State and local agencies in order to eliminate or reduce drug trafficking, including the production, manufacture, transportation, distribution and chronic use of illegal drugs and money-laundering, and its harmful consequences in the critical regions of the United States."

Our subcommittee is responsible for authorizing and also for overseeing the Office of National Drug Control Policy, also known as the drug czar's office, and also have oversight authority over all of the Nation's HIDTA programs.

Since the Gulf Coast HIDTA was created in 1996, we will learn more today about some of its accomplishments and targeted initiatives in combating illegal drugs in this area. We did have an opportunity yesterday, I know, after Mr. Vitter finished some of his Memorial Day obligations, to meet on a preliminary basis with some of the officials involved in the HIDTA and got some preliminary information. Today, we hope to have additional information on the record of the success and how we can make more effective the HIDTA operating in this region.

I applaud the continuing dedication and professionalism of our witnesses who are here today. Some I have had an opportunity to meet before, and many I have had an opportunity to hear about their successes. I am very pleased that they are willing to share their ideas and needs and requirements on how we can all work to better do the job we need to do in this important area. I can assure you that this subcommittee and your representatives who are here today will do everything they can and we can to assist you in protecting your loved ones and also ridding your communities of deadly, illegal narcotics.

We all recognize that the drug crisis demands absolute full utilization of all of our available resources and close cooperation in a comprehensive regional and national approach. It is our job in Congress to monitor Federal activities and ensure their success. If obstacles are identified, then we must move decisively to overcome them. New Orleans, and the rest of our country, cannot afford to wait. The drug crisis demands promising approaches and decisive action, and the time to act is now.

Again, I want to thank all of the witnesses who will be appearing before us today. I look forward to hearing your testimony on this topic of local, State, regional and national importance. I look forward to working with you.

I am pleased at this time to yield to the gentleman from Louisiana, Mr. Vitter, for the purpose of an opening statement.

[The prepared statement of Hon. John L. Mica follows:]

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OPENING STATEMENT

Chairman John L. Mica

Subcommittee on Criminal Justice,
Drug Policy and Human Resources

May 30, 2000 Hearing:

"Drug Testing in Schools: An Effective Deterrent?"

Our Subcommittee is conducting this oversight field hearing as part of our need to understand fully the nation's drug crisis, how it impacts different parts of our nation, and what effective drug control efforts are underway and should be fully supported. Today, we will learn about what kind of drug threat exists in New Orleans and specifically learn about local efforts to combat this problem in schools through the use of drug testing. Since New Orleans is uniquely located with a deep water port and the gulf coast area has thousands of miles of coast line, drug trafficking organizations do use this area as a logical transit point for illegal narcotics coming from Mexico and South America.

We are privileged to have with us today a Congressional leader who strongly support efforts to stop the flow of drugs into the United States and to protect our communities from the ravages they cause. I know that Mr. Vitter, who invited us to his congressional district here in beautiful New Orleans, has been very active in helping this region in dealing with issues of drug prevention and treatment, and national and international drug control. I recognize that he is the resident expert on the needs and concerns of citizens throughout this area, and an important force in fashioning federal, state and local solutions.

I wish to thank all the participants for their presence here today, and for their dedication to this issue of critical importance across America.

We are honored to have testifying before us today a number of federal, regional and local officials who are engaged in responding to the drug crisis and its terrible consequences daily. These officials serve on the front-line — apprehending and prosecuting drug producers and traffickers and counseling those whose lives have been impacted by drugs — and are in need of our support and assistance.

This Subcommittee is particularly interested in how this community has designed and implemented school drug testing programs. Since the early 1990s drug use among our youth has exploded. Clearly, youth drug abuse wreaks havoc in our school systems, leading to poor performance and crime. These kids are the future of our country and we need to use every tool at our disposal to create a safe and drug free learning environment in our schools. I want to commend District Attorney Connick for his years of persistence and innovation in helping create these programs. I personally believe that drug testing can be an effective deterrent to drug use in our schools and am interested in learning more about effective and fair programs that could be replicated across our country.

In Congress, we want to ensure that the federal government is doing everything possible to assist you, both in reducing the supply of drugs in communities, as well as the demand for drugs.

At a recent hearing of this Subcommittee, we learned that estimates of Americans in need of drug treatment range from 4.4 to 8.9 million, yet less than two million people reportedly receive treatment. This "gap" must be addressed. Our Subcommittee will continue its oversight in this area and seek to improve our federal programs that support state and local drug treatment and prevention efforts.

Today, we are focusing on the special challenges and threats facing New Orleans. Drugs pose a threat to our schools, to law enforcement officials and your health care system. Since New Orleans is strategically located between the southwest border and the eastern seaboard, your community faces a greater risk that drug trafficking organizations will operate here to move drugs coming in from Mexico and South America to other part of the United States. To help respond to these unique challenges, several counties and parishes in Louisiana, Alabama and Mississippi have been designated by the White House Office of National Drug Control Policy (ONDCP) as a "High Intensity Drug Trafficking Area" (commonly referred to as "HIDTA"). HIDTAs are defined as regions in the United States with serious drug trafficking problems that have a harmful impact on other areas of the country. The mission of HIDTAs is: "to enhance and coordinate America's drug-control efforts among federal, state and local agencies in order to eliminate or reduce drug trafficking (including the production, manufacture, transportation, distribution and chronic use of illegal drugs and money laundering) and its harmful consequences in critical regions of the United States."

Our Subcommittee is responsible for authorizing and overseeing ONDCP and the HIDTA program. Since the Gulf Coast's HIDTA was created in 1996, we will learn more today about some of its accomplishments and targeted initiatives in combating drugs in this area.

I applaud the continuing dedication and professionalism of our witnesses today, and their willingness to share their ideas and needs with us. I can assure you that this Subcommittee and your Representative here today will do everything we can to assist you in protecting your loved ones and ridding your communities of deadly drugs.

We all recognize that the drug crisis demands full utilization of available resources and close cooperation in a comprehensive, regional approach. It is our job in Congress to monitor federal activities and ensure their success. If obstacles are identified, then we must move decisively to overcome them. New Orleans and the rest of our country cannot afford to wait. The drug crisis demands promising approaches and decisive action -- and the time to act is now!

I wish to thank all witnesses for appearing before us today. I look forward to hearing your testimony on this topic of local, state and national importance to our continued drug control efforts.

Mr. VITTER. Thank you very much, Mr. Chairman. I want to begin by thanking you for bringing this subcommittee field hearing to New Orleans to talk about mandatory drug testing, and its effectiveness, particularly in schools. And I really want to point out to everyone here, John Mica, as chairman of the Criminal Justice, Drug Policy, and Human Resources Subcommittee, has done tremendous work in the House, really putting together a multi-faceted approach to the drug problem, both on the supply side and the demand side—both the law enforcement and the treatment and education end. And I think it is clear that is the only way we are going to get a handle on this problem, is address all of those very real needs.

As the chairman indicated, law enforcement in this area faces a daunting challenge with the port, with our location with I–10, in terms of the supply side, and we have gotten to visit with many Federal and State and local law enforcement officials. We are going to do more of that later on today. I want to complement all of those folks with HIDTA, DEA, Customs, U.S. Attorney's office, FBI, local law enforcement for doing the work they do.

But it is clear to me that a crucial part of addressing this problem is on the demand side. And we need to cut down demand and solve the drug problem in that way as well. And really, that is what this discussion is all about.

Today, we are looking at a very innovative approach to the demand side that Harry Connick has put together over the last several years, and which has been implemented in six area high schools. The Louisiana High School Drug Testing Program is currently working, I think, very effectively in those schools to make them drug-free schools and to reach out to kids with problems and get them treatment and turn those lives around at an early age before it is too late. Of course, I am going to leave the task of explaining the program in detail to the panelists, but I do want to make a few comments about it.

First of all, I think it is very important that this program targets the members of our community who are most vulnerable and who we need to focus on, getting to them early to address the problem, to get them treatment and to turn their lives around before it is really too late, and before it is much, much more difficult after their habits have formed. I think that is a tremendously important part of this problem.

Second, I greatly appreciate the DA's strong conviction that testing has to be coupled with treatment. This is not testing for prosecutorial purposes at all, this is testing to identify kids with a problem and to get them treatment immediately, effectively, aggressively, to turn their lives around. And that is a very, very important component of this program.

And third, I want to compliment the DA on putting together a lot of emphasis on documenting the results of this program, because that is the only way we are really going to know how well it works, how it can be fine-tuned, and hopefully how it can be brought to other schools in the area and other schools around the country. That is another very important part of this ongoing developing program. So I look forward to the testimony.

I do want to recognize a few people who are not on the panel. Judge Camille Burris and Tim McElroy, first assistant district attorney in the Orleans District Attorney's Office have both been very involved in developing this concept, along with many of our panelists, and I want to compliment them for their work. And I also want to thank the DA's chief investigator, Howard Robertson, and all of the DA investigators who have not only helped with this program but helped with our hearing today, and putting the logistics together.

With that, Mr. Chairman, I yield, and I look forward to the testimony of both of our panels.

Mr. MICA. I thank the gentleman.

And we will now turn to our first panel of witnesses. Mr. Connick, Ms. Gelpi, Mr. Middleberg and Ms. Mumm, would you please stand and be sworn?

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative. I am pleased to welcome you here today. I guess I ought to thank Principal Gelpi also for having us here today. I guess it is a rather unique occasion to have a congressional hearing in a school, but we commend you on your making this facility available, and also appreciate, again, your hospitality.

I am going to first recognize the district attorney of New Orleans, State of Louisiana, Mr. Harry Connick, for his statement. Good morning.

STATEMENTS OF HARRY CONNICK, DISTRICT ATTORNEY, ORLEANS PARISH, NEW ORLEANS, LA; YVONNE R. GELPI, PRESIDENT & PRINCIPAL, DE LA SALLE HIGH SCHOOL, NEW ORLEANS, LA; AARON MIDDLEBERG, FORMER STUDENT, DE LA SALLE HIGH SCHOOL; AND ROSEMARY MUMM, DIVERSIONARY PROGRAM DIRECTOR, OFFICE OF THE DISTRICT ATTORNEY OF NEW ORLEANS

Mr. CONNICK. Good morning. I must begin by thanking you, Congressman Mica, for authorizing and chairing the subcommittee hearing, and Congressman David Vitter for requesting it and making it happen. Thanks are also due to our Congressman William Jefferson and our Senator Mary Landrieu for their interest and support of our high school drug testing efforts.

These days, no one seems to be asking the question, are we winning the war on drugs? There was a time, however, when people did ask drug enforcement officials and legislators this question. They asked it with the hope and expectation of a victory. And when this question was put to them, these officials never answered the question directly. They never said yes, they never said, no. They always said that progress was being made and cited various initiatives designed to assure us that progress was, indeed, being made in this so-called war.

In my 40 years in the criminal justice system, I have never seen any of these initiatives make a lasting difference. Certainly there have been successes, but we are somehow always left with the same problem, a constant and substantial demand for drugs. We now accept that we are a society that continues to have a serious drug problem, and really do not expect too much to be done to change it. It has been a long time since I have heard anyone ask, are we winning the war on drugs?

Attempts to eradicate drug cultivation in this and other countries has never really succeeded. Attempts to interdict drugs illegally entering this country have not done much better, and despite the millions of tax dollars expended, "Just say no" did not work and D.A.R.E., HIDTA and other preventions and commendable enforcement efforts have not really diminished the supply of or the demand for drugs. No one can honestly say that we have won or we are winning the war on illegal drugs.

The majority of tax dollars being spent to combat illegal drugs are spent trying to reduce the supply side of drug trade. However, there will always be a supply if there is a need. Only relatively recently has serious thought been given to the critical need for testing, treatment and counseling, the best way to reduce drug demand. Fortunately, increased attention is being given to programs that deal with drug users coming into the criminal justice system. Diversion programs and drug courts are beginning to show signs of success. But these efforts are directed to persons who are already a part of the criminal justice system.

The question we should now seriously address is, how do we keep people, especially teenagers out of the system? We have learned that there is one method that stands out as the most effective prevention method today, and that is drug testing. In the New Orleans area, we are now using the most effective demand-reduction tool, I believe, that this country has ever known, and that is the testing of a limited number of our high school students in this area. We have learned, through concrete, tangible experience that drug testing is working. In New Orleans alone, there are current three parochial high schools successfully testing all of their students, three more parochial high schools in St. Tammany Parish are doing the same, and three additional parochial high schools in Jefferson Parish will begin testing this fall.

These schools utilize drug testing by use of hair analysis, which we have found to be the most effective testing method. Other schools, both public and private, want to implement drug testing programs, but cannot do so because of an absence of funds. Public schools in New Orleans will begin testing the 3-percent of all students engaging in athletic and other extra-curricular activities this fall. Probably the most significant and dramatic event taking place in New Orleans is the planned drug testing of public school students at Frederick A. Douglass High School. Douglass is the first and only public school to adopt such a unique drug testing program, employing both the 3-percent rule and the voluntary testing of students. Mr. Vincent Nzinga is the principal at that school. The Douglass program will begin this fall, and will run for a 2-year period.

There are many benefits to drug testing high school students, who incidentally probably will have to be tested anyway after they leave school. First, testing identifies those students using drugs, and is the predicate for early intervention in the form of non-punitive counseling and treatment. It also deters the use of drugs, especially among those students who are beginning to consider experimenting with drugs, and it is a fact that most students refuse to use drugs when they know they are going to be tested. Also students who remain drug-free until their 18th year will probably not use drugs thereafter, and it is certainly less expensive to drug test and treat a person before arrest than after.

Parents are overwhelmingly in support of having their children tested. We know drug testing reduces demand, and when you reduce the demand, supply reduction must follow. There is a dire need to expand these successful drug-testing programs, and we are looking to you to lead the way in funding these projects.

We thank you for visiting us and urge you to help us in Louisiana to create a model high school drug testing reduction program for the country. Thank you.

Mr. MICA. Thank you. And we will withhold questions until we have heard from all of the witnesses.

The next witness is the president and principal of the high school here, Yvonne Gelpi. You are recognized.

[The prepared statement of Mr. Connick follows:]

REMARKS BY
ORLEANS PARISH DISTRICT ATTORNEY HARRY CONNICK
BEFORE THE COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY, AND HUMAN RESOURCES

MAY 30, 2000

COMMITTEE ON GOVERNMENT REFORM
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY,
AND HUMAN RESOURCES

May 30, 2000

Special thanks to:

These days no one seems to be asking the question: "Are we winning the war on drugs?"

There was a time, however, when people did ask drug enforcement officials and legislators this question; asked it with the hope and expectation of a victory. And when the question was put to them, these officials never answered the question directly. They never said "yes". They never said "no". They always said that progress was being made and cited various initiatives designed to assure us that progress was indeed being realized in this so called war.

In my forty years in the criminal justice system as a Legal Aid defense lawyer, as a former Chief of the Criminal Division for the U.S. Attorney's office and as the New Orleans District Attorney for twenty-six years, I have never seen any of these initiatives make a lasting difference. Certainly, there have been successes. But, we are somehow always left with the same problem; a constant and substantial demand for drugs. We now accept that we are a society that continues to have a serious drug problem, and really don't expect too much to be done about it. It's been a long time since I heard anyone ask "are we winning the war on drugs".

Attempts to eradicate drugs cultivation in this and other countries have never really succeeded; attempts to interdict drugs illegally entering this country haven't done much better despite the million of tax dollars expended; "just say no" didn't work; and DARE, HIDTA, and other prevention and enforcement efforts have not really diminished the supply of or the demand for drugs. No one can honestly say that we have won or are winning the war on illegal drugs.

The majority of tax dollars being spent to combat illegal drugs are spent trying to reduce the supply side of the drug trade. However, there will always be a supply if there is a need. Only relatively recently has serious thought been given to the critical need for treatment and counselling of drug users - the best way to reduce demand.

Fortunately, increased attention is currently being given to programs that deal with drug users coming into the criminal justice system. Diversion Programs and Drug Courts are beginning to show signs of success, but these efforts are directed to persons who have become a part of the criminal justice system.

The question we should address is: How do e keep these people, especially teenagers, out of the system; how do we prevent drug use, how do we reduce the demand for drugs? Now, we have learned that there is one method that stands out as the most effective prevention method to date, and that is drug testing. Only by drug testing can the user be identified and helped. The military, industry and law enforcement successfully use drug testing as a condition of employment. But how are we dealing with the ever growing increased drug abuse among our young?

In the greater New Orleans metropolitan area, we are now using the most effective drug demand reduction tool this country has ever known and, that is, the drug testing of high school students.

New Orleans has learned through concrete, tangible experience that this is the case. In New Orleans alone, there are currently three parochial high schools testing all of their students; three more high schools in St. Tammany Parish are doing the same. Three additional high schools in Jefferson Parish will begin testing this fall. Other schools, both private and public, want to implement drug testing programs but cannot because of lack of funding.

Public schools in New Orleans will soon begin drug testing 3% of all students engaging in athletic and extracurricular activities. I am told more than 3% would be tested if funding were available.

Probably the most significant and dramatic event taking place in New Orleans is the planned drug testing of public school students at Frederick A. Douglass High School. Douglass is the first and only public school to adopt such a unique drug testing program.

Certain events had to occur for this program to materialize. First, the principal of the school had to not only want to address the drug problem in his school but to take the next bold step and involve the students and parents in fighting the problem. Mr. Vincent Nzinga is that principal. Mr. Nzinga wanted the parents and students to speak out about student drug testing. And they did. Mrs. Geraldine Walker, the President of their PTA, became the leader in this effort and an overwhelming number of parents and students supported it. Then, the CEO of New Orleans Public Schools, Al Davis, and the members of the Orleans Parish School Board had to approve the drug testing program. This was done on May 18, 2000. Importantly, funding was needed to test and evaluate the students. A very generous donation of $165,000 was made by a local foundation for this purpose and is forthcoming. The program will run for a two-year period.

There are many benefits to drug testing. It is cheaper than a post arrest anti-drug program; it is short termed; it is legal and more effective than anything we have ever done before. And the results are long lasting. Studies have shown that if a teenager can be drug free through the 18th year, the probability of drug use thereafter is greatly diminished.

Ms. GELPI. Good morning, Chairman Mica; welcome back, Congressman David Vitter. We are very proud of David, he was valedictorian of his class of 1979, graduated from De La Salle, and distinguished guests.

What if I told you I had a way to reduce detentions for fighting by 85 percent, and detentions for disruptive behavior by 65 percent in your schools? What if I told you you could completely turn around the culture of your schools, reducing stealing and cheating, so that students could focus on getting their educations? If I told you it would cost about $50 a student to accomplish this, would you object? Would any parent object to this additional cost?

De La Salle has found a way to accomplish this, and it happens when a school does mandatory drug testing of students, faculty and staff. We are not talking theory here, we are not talking possibilities, we are speaking about hard data, gathered from over 2,500 drug tests over a 3-year period. We did reduce detentions. We did change the culture of our school. But better than that, we gave our students a chance to say no to peer pressure and to avoid experimentation with drugs at a young age.

In the Youth Risk Behavior Survey by the Louisiana Office of Addictive Disorders, conducted prior to our implementation of mandatory drug testing, we found that 10 percent of our students reported trying marijuana and 10 percent trying cocaine before the age of 13. Frightening. Thirty percent indicated they had been offered, sold or given illegal drugs on our campus.

The purpose of our drug testing program is not intended to be punitive. It is intended to stop an undesirable behavior that is interfering with learning. We warned our students 90 days before the tests began that, if they were experimenting with drugs, they should cease immediately. We wanted to throw out the drugs, not the kids.

On the handout on page 2, are some statistics about our program over a 3-year period. Year one, we had 3.4 percent test positive. Year two, positives were down to 2.1. And year three, the latest results, which are not even printed in the booklet yet, the number is fewer than 1 percent. That is 6 students out of 850; 5 of them seniors and 1 junior; 5 boys and 1 girl. The results speak for themselves. Mandatory drug testing works.

Why are schools afraid to implement drug testing? In speaking all over the United States, I have found five common concerns, and they are listed on page 1 of the handout. Schools are afraid people will think they have a drug problem. Schools are afraid of a Civil Liberties lawsuit. The Supreme Court has authorized random testing of high school athletes, and the 7th Circuit has allowed drug testing of all students in any extra-curricular activity. Students have a right to an education. I cannot imagine any court in the land ruling that students have a constitutional right to use drugs.

False positives are also a major concern. What about secondhand smoke, and the coarseness of African-American hair? The scientific testing methods used by Psychemedics have almost completely eradicated false positives. We have had no incidence in over 2,500 drug tests, and African-American hair is a non-issue. And we have data to prove that. Confidentiality, who is going to know about who tests positive? And mistaken identity. The chain of custody has to be very specific and very clear.

We chose to use hair testing because it was more reliable than urine testing. We could not get a positive urine test, even when all indications of drug use were there. Go on the Internet, and you will find 101 ways to beat the urine test. Hair testing by Psychemedics is outstandingly reliable. Since we began in 1998, nine other Catholic schools in the area have followed suit, and they are experiencing similar successful results, and I see some of those principals here. Thanks to District Attorney Harry Connick, drug testing will be implemented in the first public school in our city.

There is a commercial on TV about a father losing his son to drug overdose. I believe the actor's name is Carroll O'Connor. It is poignant and heartbreaking. He states at the end, "Get between your kid and drugs, any way you can." I believe that with all my heart. We have a responsibility and a duty to get between our kids and drugs any way we can.

Thank you.

Mr. MICA. Thank you for your testimony. And we will hear now from Aaron Middleberg. He is a former student of De La Salle High School. You are recognized, sir.

[The prepared statement of Ms. Gelpi follows:]

DE LA SALLE

SEPTEMBER 12, 1999

THE DE LA SALLE COMMUNITY CELEBRATES 50 YEARS OF EDUCATIONAL EXCELLENCE ON ST. CHARLES AVENUE

ROOTED IN THE LASALLIAN TRADITION OF THE CHRISTIAN BROTHERS, THE MISSION OF DE LA SALLE IS TO PROVIDE FOR THE SALVATION OF SOULS AND TO CHALLENGE THE ACADEMIC AND HUMAN POTENTIAL OF EVERY CHILD.

DE LA SALLE HIGH SCHOOL DRUG TESTING PROGRAM

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FIVE COMMON FEARS ABOUT DRUG TESTING

1. **YOU ARE AFRAID PEOPLE WILL THINK YOUR SCHOOL/SYSTEM HAS A DRUG PROBLEM.**

   You need to reiterate every time you speak that there is not a drug problem but that schools do have students who experiment with drugs. The purpose of this program is to identify those students and to get them help. The intent is not punitive. It affords the students a means to say no to peer pressure.

2. **YOU ARE AFRAID OF A CIVIL LIBERTIES LAWSUIT.**

   The protests will come but there are ways to get around this. It is not a problem in a private school. As for the public schools, the issue of drug testing has already gone to the United States Supreme Court which authorized random alcohol and drug resting of high school athletes **(Verona School District v. Acton, 115 S.Ct. 2386 [1995].** The US Court of Appeals for the Seventh Circuit expanded on Verona in **Todd, et al. v. Rush County School, 1998 WL 7352 (7th Cir. Indiana)** by allowing drug testing of all students in any extra-curricular activity. It seems to me that the Constitution was not meant to give students the right to use drugs, which are illegal. Students have a right to an education and drugs prevent them from getting one.

3. **THEY ARE AFRAID OF FALSE POSITIVES.**

   False positives due to second hand smoke and the coarseness of African American hair are negligible. We have the data from our experience to prove this.

4. **THEY ARE AFRAID OF CONFIDENTIALITY IN REGARD TO RESULTS.**

   You need to develop a policy to insure this and promote the policy.

5. **THEY ARE AFRAID OF MISTAKEN IDENTITY.**

   The chain of custody is very specific and you cannot deviate.

For information about a visit to the school, call Joe Hines at 895-5717x120.

②

DE LA SALLE DRUG TESTING RESULTS

	MARCH 1998	JUNE 1999	JAN 2000
% TESTING POSITIVE	3.4%	2.1%	3/564 =<1%
OF THOSE TESTING POSITIVE:			
% MALE	69%	89%	2 STUDENTS
% FEMALE	31%	11%	1 STUDENT
% AFRICAN-AMERICAN	1/126=O.8%	3/156=1.9%	1 STUDENT
% GRADE 8	0	0	0
% GRADE 9	1.5%	3.6%(90% not in 8th)	0
GRADE 10	4.5%	< 1%	0
% GRADE 11	2.5%	1.5%	1
% GRADE 12	6.5%	3.7%	2
% PROFESSIONAL FAMILY	83%		2
% BLUE COLLAR FAMILY	17%		1
% TWO PARENT HOME	59%		3**
% SINGLE PARENT	41%		0
% NOT INVOLVED-MALE	65%		2
% NOT INVOLVED-FEMALE	89%		1
% TRANSFER STUDENTS	38%	40%	0
% RETESTING POSITIVE	10%	5%*	0

*8 STUDENTS WITHDREW AFTER FIRST POSITIVE
** ALL THREE ARE FROM CATHOLIC ELEMENTARY SCHOOLS

2B

1) The De La Salle Experience

De La Salle High School has been collecting data on their program since it began in March of 1998. The De La Salle program developed a school wide program of testing with clearly defined policies, procedures and program goals. Although the school reports a reduction in the number of positive screens from 3.4% (29 students based on an enrollment of 861) to 2.1% (18 students based on an enrollment of 847) for an overall reduction of 1.3%, larger reductions are noted within specific grades in the following chart:

Table D-1

Academic Year/Month of Test	1997-98 March 1998	1998-99 June 1999	Change
Enrollment	861	854 [illegible]	-14
% Positive Tests	3.4%	2.1%	-1.3%
Grade 10	4.5%	<1%	-3.5%
Grade 11	2.5%	1.5%	-1%
Grade 12	6.5%	3.7%	-2.3%

In addition to tracking positive drug screens, De La Salle also participated in the Youth Risk Behavior Survey during the 1997-1998 Academic Year. The Youth Risk Behavior Survey is completed by the Louisiana Office for Addictive Disorders every two years. The survey utilizes self-report data to look at issues such as: suicide, use of tobacco products, alcohol, marijuana, cocaine, inhalants, steroids, hallucinogens, and behavior and attitudes about usage. The survey also looked at parental attitudes and availability of illegal substances on campus.

The De La Salle survey reported interesting findings in the areas of alcohol use, marijuana use, cocaine use, inhalant use, use of other illicit drugs, campus availability and attitudes of students and parents. Since the study was administered during the 1997-98 school year it is assumed that the survey was completed by the whole student body of 861.

Of those students surveyed, 43% reported having their first drink before they were 13, 10% reported trying marijuana before they were 13, and 10% reported trying cocaine before they were thirteen years of age.

Based on the self-report data, it can be seen that alcohol (90%) and marijuana (40%) were most frequently used. In addition, 60% of the students indicated using alcohol within the last 30 days with 7.5% indicating marijuana use in the last 30 days. 5% of the students indicated having at least one drink on campus and approximately 30% indicated that they had been "offered, sold or given illegal drugs on campus."

7.5% of the students reported needing help because of their alcohol use and 5% reported getting the help they needed.

It is additionally interesting to note that 90% of the students indicate that their parents disapprove of the use of illegal substances. However, only 20% of the students themselves report disapproval of alcohol use and 60% of the students report disapproval of the use of illegal substances.

Today, De La Salle reports that they have tested over 2,000 heads of hair with remarkable results. Fewer than 2% of the students test positive for the first time and 98% of these do not test positive again. Detentions for fighting have been reduced by 85% and those for disruptive behavior have decreased by 65%.

③

YOU DON'T HAVE TO REINVENT THE WHEEL

I. **WHY IMPLEMENT A PROGRAM**
  A. Documented increase in teen age drug use nationally
  B. Cultural acceptance
  C. Deterrent to peer pressure, not punitive

II. **WHAT DOES IT ENTAIL**
  A. Reiterate the current school policy
  B. Correlate this program to your existing policy
  C. Do your homework VIP
  D. Determine how to cover costs
  E. Determine if urinalysis or hair and the company

III. **WHO TO TEST**
  A. Students – warn 90 days in advance
  B. Faculty and staff
  C. Civil liberties issues
  D. Random or planned selection

IV. **WHEN TO SET UP PROGRAM**
  A. Start when you are ready
  B. Middle of year
  C. Beginning of year

V. **WHERE TO GET HELP**
  A. District Attorney and/or law enforcement
  B. School Governing Board
  C. Corporations
  D. Social agencies ex. Drugs Off the Streets
  E. Other schools
    1. De La Salle contact Yvonne Gelpi (504) 895-5717
    2. St. Thomas More contact Ray Simon

VI. **HOW TO IMPLEMENT THE PROGRAM** (one school's story)
  A. Plan a change strategy
    1. Administrators – get a key group to help lead (10%)
    2. Faculty and staff - need lots of information, answer concerns
    3. Parents - hold a town meeting (mail brochure first)
    4. Students – hold level meetings, demonstrate
    5. Alumni – find a way to inform
  B. Develop materials – brochure, position paper, press release
  C. Plan public relations – expect more attention than you think
  D. Plan for consequences and procedures
  E. Plan and promote confidentiality
  F. CAVEAT

Develop a Total Drug Program

4A

I. GOAL:

De La Salle will be a school where students are safe from having drugs offered or sold to them on the premises and where students are not in possession of drugs or drug paraphernalia on campus.

STRATEGIES:

1. Clear statement of policy and consequences.
   Tactics:
   Review of handbook
   Review of actions

2. Continued education of administration, faculty and staff.
   Tactics:
   Invite experts to in-service
   Short monthly presentation/discussion by guidance department
   Form a bibliography of resource materials within school
   Notification of articles, TV features, Channel One shows etc.
   Apply yearly for Title IV grants

3. Increased surveillance by administration, faculty and staff.
   Tactics:
   Clear outline of how to patrol
   Check list of what to look for
   Increased personnel in key spots
   Place hidden cameras in strategic areas

4. Periodic visits by drug sniffing dogs
   Tactics:
   Inform parents
   Inform students
   Lockers will be checked.
   School bags and classrooms will be checked.
   Premises will be checked.
   Cars within a several block radius will be checked.

48

II. Goal:

De La Salle students will have the education and the self-esteem to make informed decisions about drug use.

STRATEGIES:

1. Develop an interdepartmental curriculum about drug and alcohol abuse

   Tactics:
   Use in-service time to develop program
   Contact other schools for samples

2. Develop a program for enhancing self-esteem

   Tactics:
   Every student will be involved in an activity
   Homeroom relationships will be strengthened
   More recognition activities will be planned
   Retreats will be used to help develop self-esteem
   Have speakers invited on various topics
   Consider prepared curriculum by publishers

III Goal:

De La Salle students who test positive for drug use, or who come forward for help, will be referred for therapy.

STRATEGIES:

1. Implement a program of random-plus drug testing by using hair Samples.

   Tactics:
   Have expert speak with administration
   Develop a process for testing
   Develop procedures for handling information
   Develop a list of qualified counselors and programs
   Inform parents
   Inform students
   Plan a budget

2. Educate parents about drug use.

   Tactics:
   Have a speaker at parent meeting
   Have a series of discussion groups by grade level
   Develop a list of resource personnel

Contract for students testing positive ⑤

Date ________

Student Name ______________

Parent Name ______________

De La Salle High School
Drug testing Program

The parents of ______________ a ____________ at De La Salle High School have been informed by telephone and have met with a school administrator and the child named above, concerning his/her positive drug test in the school's drug testing program. The parents understand that the presence of a school guidance counselor was available at this meeting if requested.

During this conference, the following has been discussed:

1. The explanation of the child's drug test result;
2. The option to re-test the child at Psychemedics immediately and at the parent(s) expense;
3. Parents were encouraged to seek outside assistance in this manner;
4. Parents and child were informed that the head hair must be a length of 3.9 cm (one and one half inches) for the re-test;
5. The parents were informed that if the results of the child's retest or future test is positive, the child will be dismissed from De La Salle.

______________________ ____________
Parent/Guardian Signature Date

______________________ ____________
Parent/Guardian Signature Date

______________________ ____________
Student Signature Date

______________________ ____________
Dean of Student's Signature Date

6A

Prepared q & a for responses to media after implementation

THREE KEY MESSAGES
PROUD TO BE IN LEADERSHIP ROLE
PROACTIVE NOT REACTIVE
REMOVE PEER PRESSURE…DETERENT NOT PUNATIVE

WHY THE SUDDEN NEED FOR A DRUG TESTING PROGRAM AT DE LA SALLE?

- Response to growing social pressures
- National statistics show increasing
- Target early stages and act as deterrent

IS THIS A RESPONSE TO A DRUG PROBLEM AT DE LA SALLE?

- NO
- Proactive not Reactive
- Provide a drug free and safe environment
- No environment is without risk
- Do what we can for our students

WHAT WAS DLS DRUG POLICY PRIOR TO IMPLEMENTING THIS TESTING PROGRAM?

- Remains the same as stated in handbook
- Enforces the intent of the policy, that students at DLS do not use illegal drugs

WHAT KIND OF REACTION HAVE YOU RECEIVED FROM STUDENTS?

- Supportive of decisions
- Understand it is one way to provide them a safe environment

WHAT KIND OF RESPONSE HAVE YOU RECEIVED BY PARENTS?

- Enthusiastically embraced
- Assist them in protecting their children
- Over 400 attended the parent town hall meeting

WHO IS CONDUCTING THE TESTS?

- Primarily one person trained by Psychemedics.

6B

HOW DOES THE TEST WORK?

- Everyone will be tested within the first weeks of March
- Random selection
- Cosmetically undetectable snip of hair
- Tested for 90 day period for 5 illegal drug types
- Results go to Dean of Students and are confidential to parents only

HOW WILL PARENTS BE NOTIFIED OF THE RESULTS?

- Negative will get letter
- Positive will get a call for a conference

HOW WILL DLS DISCIPLINE STUDENTS WHO TEST POSITIVE?

- Receive professional assistance while remaining in school
- Re-tested in 100 days
- Second positive results –asked to withdraw from school

WHAT DO YOU MEAN BY ORDINARILY?

- A word used on advice of legal counsel

IS DLS PREPARED AND WILLING TO DISMISS STUDENTS FROM SCHOOL?

- YES
- Taken a strong stand
- We will work with, but students must make choice not to use illegal drugs

From Student Handbook ①

DE LA SALLE HIGH SCHOOL DRUG POLICY

De La Salle High School does not condone the use, possession and/or distribution (including selling) of alcohol or illegal drugs by students.

De La Salle High School has an administrative team which in conjunction with the Guidance Department is responsible for advising the Principal in matters of abuse, prevention education, screening, disciplining, and identification of students in trouble.

De La Salle High School reserves the right to require drug screening tests of those students who, the administration feels, exhibit behavior ordinarily associated with alcohol or illicit drug use. Parents who refuse to allow their student to be tested will be required to remove their student from the school.

The main goal of De La Salle's drug screening is to ensure that the school is a safe learning environment. Out of concern for all the students and the larger community of New Orleans, De La Salle will seek to deter any serious drug problem by helping to ensure that no student at the school is using illegal drugs. Psychemedics Corporation, exclusively, will be used by De La Salle for its hair analysis drug test. During the school year, all students will be screened for drug use at least one time. Students will be selected daily for testing. The administration reserves the right to require the testing of any student at any time. Once a student has been selected and tested, that student's name is returned to the collective pool for further selections.

Ordinarily, if a student tests positive, the family is contacted by the Dean of Students and a conference is scheduled. The conference will include:

1. Explanation of the student's test result.
2. Either counseling through the De La Salle guidance department or an outside agency is strongly recommended.
3. A contract signed by the parent(s) and student about the retest (i.e. hair sample of an inch and a half must be taken from the head and parents are responsible for the cost of the retest).
4. A second positive will result in dismissal.

The use and/or possession of alcohol or illegal drugs or paraphernalia (e.g., pro-drug literature, pipes, clips, papers, etc.) will ordinarily result in the student being dismissed from De La Salle.

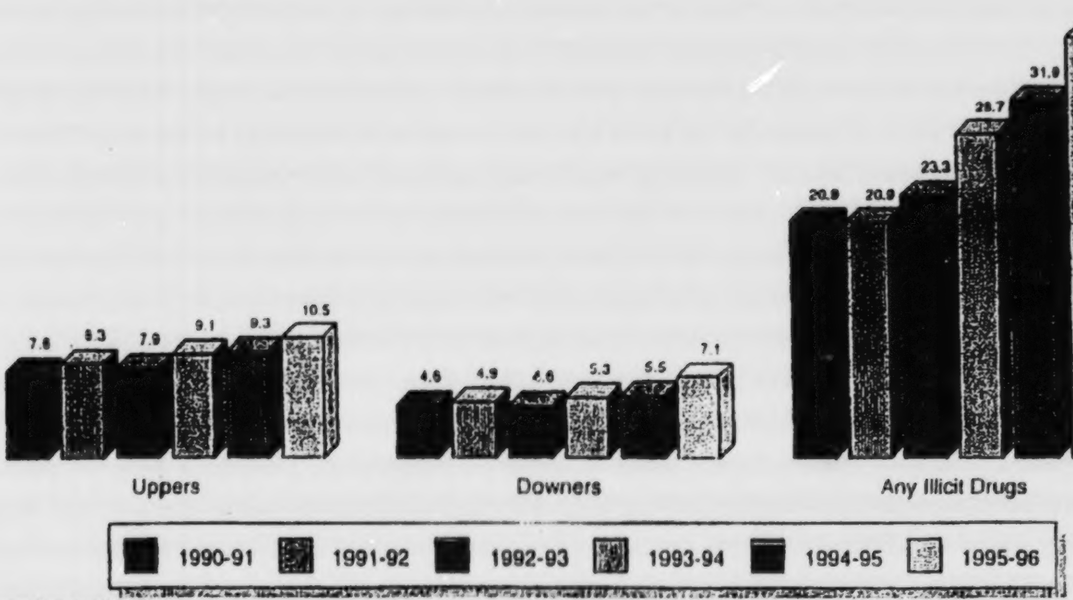
This interdict also involves being in the presence of others who possess or are using drugs or alcohol or are under the influence of alcohol or illicit drugs.

Decisions in all of these matters are reserved to the Principal on the advice of the Administration and any other persons that the Principal may choose to consult.

8A

Grades 9 to 12

% Students Who Use Uppers, Downers & Any Illicit Drug
USA - PRIDE Survey - Annual Use

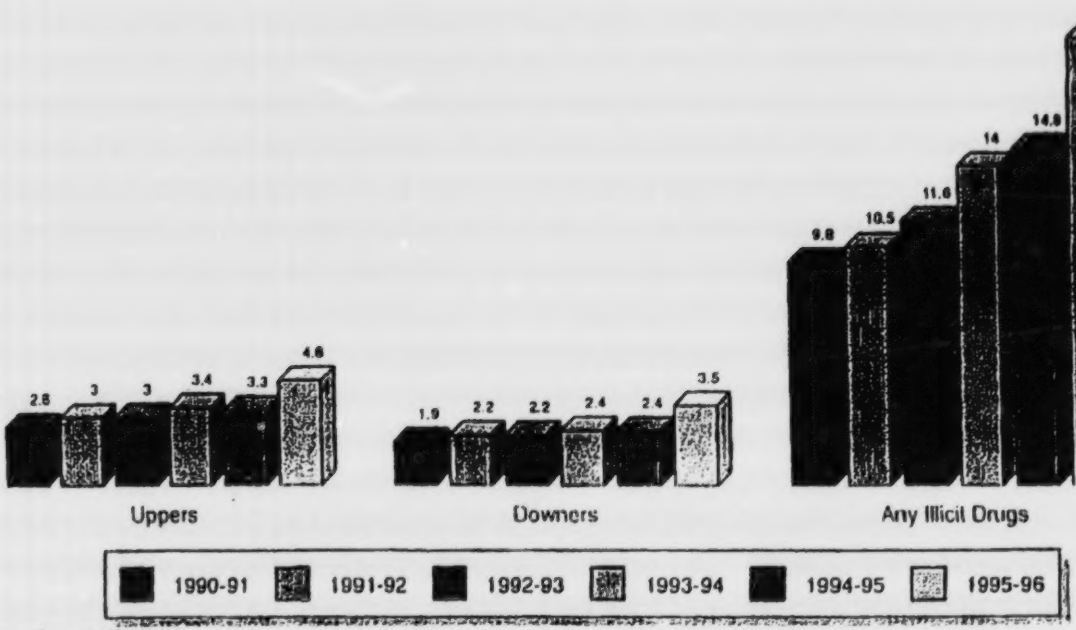


Students Surveyed by Years
90-91=127,101 92-93=131,410 94-95=105,788
91-92=113,376 93-94=104,796 95-96=70,964

BEST COPY AVAILABLE

Grades 6 to 8

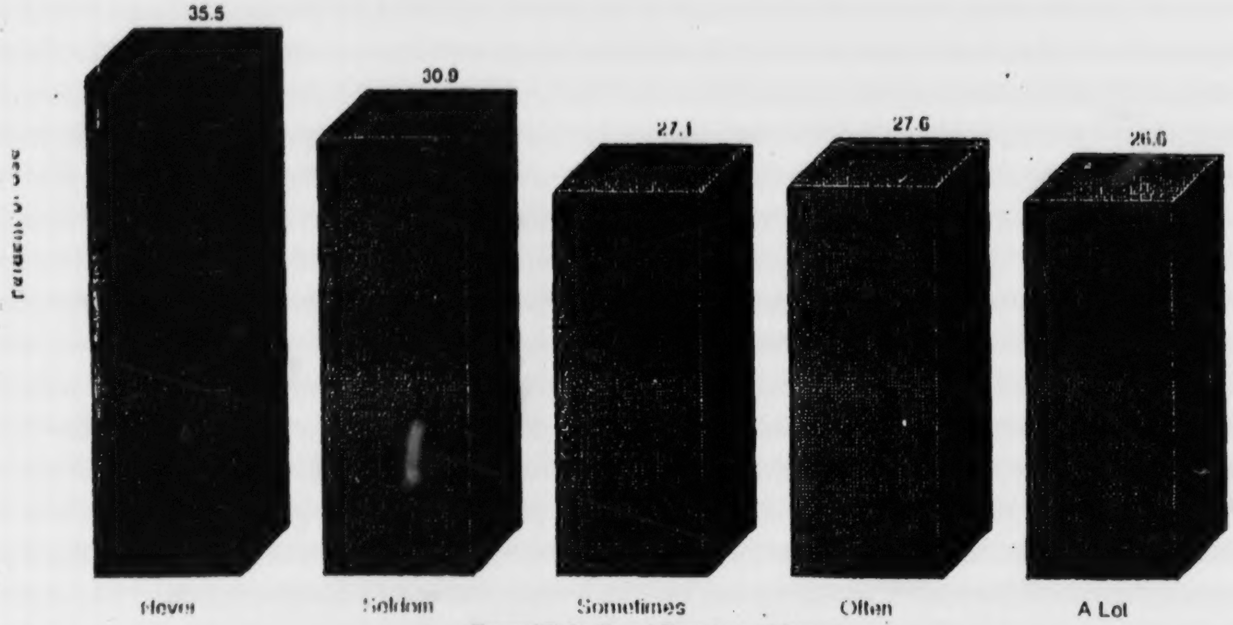
% Students Who Use Uppers, Downers & Any Illicit Drug
USA - PRIDE Survey - Annual Use



Students Surveyed by Years
90-91=120,7
92-93=105,335
94-95=92,453
91-92=90,42
93-94=92,939
95-96=68,596

8B

9A



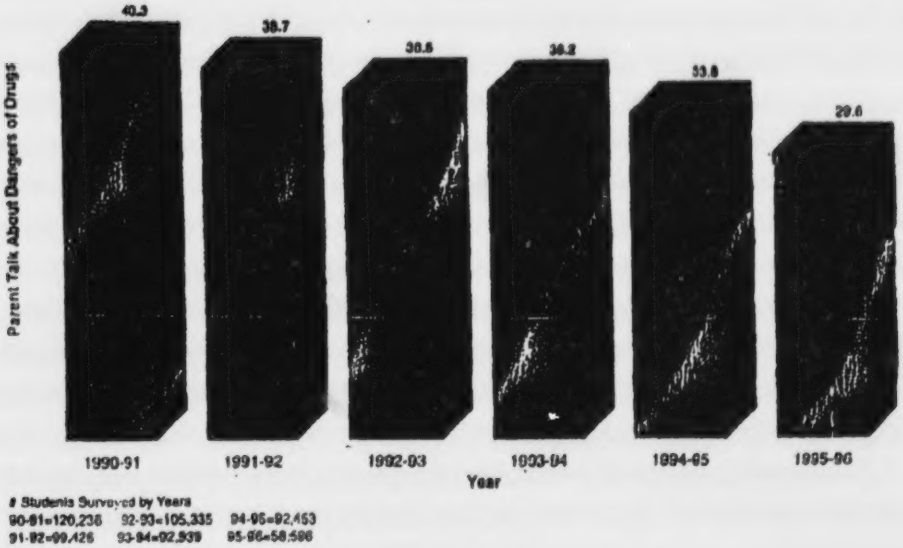
Students Surveyed in Grades 6 to 12 for 1995-96 = 129,560

BEST COPY AVAILABLE

9B

Grades 6 to 12

% of Students Reporting Their Parents Talk to Them Often/A Lot About Drugs
USA - PRIDE Survey - Annual Use



(10)

PARENT HANDOUT 11-24-97

What can you do as a parent?

Our administration, most of who are parents themselves and have raised teenagers or are in the process, believe that adolescents don't need *less* parenting, they need *different* parenting. It is the task of adolescence to separate and strike out for independence. It remains our task to give them choices but to set the limits. Believe it, they want reasonable limits. They have to push the edge, but the edge must be clearly drawn for them to push against.

1. You can go home and talk to your child about drugs and alcohol.
    - Not lecture.
    - Open the topic and listen.
    - Not preach.
    - Discuss.
    - Offer to help.

2. You can check on where your child is after school, who his/her friends are.

3. You can be certain that on the weekends you know where they are going and with whom. You can call the home of the other parents to be certain there are chaperones planning-to be there.
    - Are you aware that there are some parents who permit their children to host keg parties in their homes?
    - Do you know there are places (one of them on Canal Street) where your child can easily procure drugs?
    - Do you know what a "rave" is?
    - Do you think eighth grade is too young to be involved with alcohol?
    - Do you think high school students cannot be alcoholics?

4. Are you awake when your child comes home to talk with them about the evening and check out their behavior?

5. You can talk positively about what De La Salle is doing about drugs. If someone asks you about it instead of being negative you can say something such as, "At least my school has the courage to do something about drug abuse. What is your school doing?"

    This unpleasant occurrence can be a strong positive move perceived as a bold step by a school that cares more for its students than it worries about its reputation. We believe you will embrace this strong stand. We believe parents looking at a school for their seventh or eighth grader will embrace it. Your children deserve to be in a school which is as drug safe as we can make it.

AS SEEN IN

New Orleans
CITYBUSINESS

THE BUSINESS NEWSPAPER OF METRO NEW ORLEANS AUGUST 7-13, 1998

Opinions are divided over drug testing at local schools

By Sonya Stinson *Contributing Writer*

RANDOM TESTING AT schools has been suggested as an effective deterrent in the battle to keep students away from illegal drugs. At least two schools in the area have adopted the practice, and New Orleans District Attorney Harry Connick hopes more will follow.

But opponents say testing students who show no signs of drug use is an invasion of privacy and leads to problems caused by the high rate of false positive results some tests can produce.

De La Salle High School President Yvonne Gelpi says that while her school doesn't have a major drug problem, everyone knew that in spite of all the slogans and lectures, at least some students used drugs. Last fall she attended a conference led by Connick promoting the idea of random drug testing using hair analysis. When she heard the offer of a year's worth of free testing from the head of Psychemedics Corp., the Cambridge, Mass., laboratory that pioneered the technology, Gelpi was sold. By this spring the Catholic school adopted a new policy of testing the entire student body.

Gelpi says none of the 3% of students who tested positive in the spring have shown evidence of drug use during this summer's re-testing of all such students. "The purpose is to be a deterrent," Gelpi says. "We want to give kids the opportunity to say no."

As a private institution, De La Salle isn't faced with some of the civil rights issues critics of mandatory, suspicionless drug testing raise, such as a student's right to privacy and protection against unreasonable search. But as Connick lobbies to expand the program into Orleans Parish's public schools, he may have a tougher customer to convince.

He blames the resistance on school officials' reluctance to admit drug abuse is a problem.

The New Orleans American Civil Liberties Union president Joe Cook says that in his opinion, testing people who show no signs of drug use is a "harebrained idea."

"It turns upside down the whole notion of a person's innocence until he's proven guilty," Cook says.

Connick says he believes public schools have a need to protect the health and safety of students that meets the "compelling interest" test courts have required for a public entity to override privacy rights. He points to two court cases, a 1995 Supreme Court decision allowing an Oregon school to test athletes and a 1998 ruling from the Seventh U.S. Circuit Court of Appeal, which upheld an Indiana school's right to test all students involved in extracurricular activities.

A local attorney points out that the Oregon case had some important distinctions. For one thing, the school had reason to suspect some of its athletes had been involved in a drug-dealing ring. The court saw this as a special circumstance, saying athletes' position as role models and the suspicion of drug activity were compelling reasons for the drug tests.

De La Salle High School President Yvonne Gelpi favors drug testing.

"I don't know of any cases in which (public school) students have been randomly tested without reason and without some triggering event," says attorney Bill Rittenberg. "I think that would be unconstitutional, but there has not been a ruling on it." Rittenberg recently prevailed in a case in the U.S. Fifth District Court of Appeals challenging Orleans Parish School Board policy of testing all teachers involved in accidents.

Proponents of the school testing program say the students' privacy is protected. Hair samples are identified by code only before being shipped to the lab. The results go to the principal, who notifies the parents of students who test positive. Parents are advised to get professional counseling, but law enforcement agencies are not to be notified.

The hair test can detect the presence of cocaine, marijuana, PCP, opiates and methamphetamines for up to 90 days after ingestion. Opponents say the test can produce false positives if residue from other people's drug use somehow gets into the hair of a nonuser.

Connick dismissed such claims. "They take the hair from the crown of the head of the subject, put it in an envelope, mark it and send it off," Connick says. "The first thing they do at Psychemedics is wash it. The drug metabolite is not on the top of the hair, it's at the root of the hair."

According to labs that use hair analysis, trace amounts of drugs enter the hair follicle through the bloodstream and are trapped in the core, but scientists disagree about just how the drugs get into the hair.

Another area of uncertainty is whether dark, dense hair retains traces of drugs longer than lighter, thinner hair, resulting in disproportionate numbers of non-Caucasians testing positive. In a May 1998 report, the National Institute on Drug Abuse, part of the National Institutes of Health, cited its own study that found evidence of greater binding of cocaine in male African hair types than in African female and both male and female Caucasian hair. The NIDA also said "detailed binding studies examining the complex nature of binding cocaine to human hair have never been carried out."

Cook also says the Orleans Parish school system is too cash-strapped and overwhelmed by other expenses to afford a drug-testing program. The Psychemedics test costs about $40 per student. The company will underwrite the program at De La Salle through the end of the 1998-99 school year and has offered to sponsor one additional school.

Gelpi says parents have been so supportive of drug testing that she is certain they would willingly pay the fee themselves.

While critics such as Cook contend the best way to combat drug abuse in schools is to try to spot troubled kids by observing their behavior, Connick says that in his many years as a prosecutor dealing with drug abusers, testing is the only effective deterrent he has seen apart from incarceration.

"The people in this state, this country and this city responsible for controlling illegal drug activity haven't done a very effective job," Connick says. "The drugs continue to come in, they continue to be consumed, and more and more people are becoming addicted."

Connick says he is beginning to garner more support for his views. Last month he testified before the House Subcommittee on Oversight and Investigation on the merits of hair analysis versus urinalysis in drug testing. He says members of the subcommittee seemed very interested in the issue of drug testing in high schools.

And while he was in Washington, he met with Louisiana Reps. Bob Livingston and William Jefferson, whom he says were both supportive of the idea. Livingston has even agreed to push for the appropriation of funds to help public high schools pay for the tests, Connick says.

Mount Carmel Academy plans to institute its own drug-testing program soon, but Connick acknowledges that so far, only a small percentage of schools in the nation do any kind of drug testing. "But I think in time you'll see more and more schools testing for drugs, and you're going to see the demand for drugs decrease," he predicts. •

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YVONNE ROTH GELPI
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New Orleans, Louisiana 70124
Home (504) 486-5097
Office (504) 895-5717
Fax (504) 895-1300

EDUCATION

BA Elementary Education Newcomb College 1958
M.Ed. Guidance/Administration Tulane University 1976
Masters plus 30 includes 24 hours MBA program
Tulane University 1984

EXPERIENCE AND ACCOMPLISHMENTS

1991 to PRESENT

PRESIDENT
DE LA SALLE HIGH SCHOOL, New Orleans, La.
Recruited to "turn around" a school in danger of closing
First female chosen by the Christian Brothers as chief administrator for one of their schools
Third three-year contract granted 1997-2000

1990-1991

DIRECTOR OF DEVELOPMENT
NEW ORLEANS SYMPHONY, New Orleans, La.
Recruited to revitalize a $950,000 campaign for a $3.5 million not-for-profit arts organization.

1989-1990

VOLUNTEER
NEW ORLEANS SYMPHONY REBIRTH COMMITTEE
Assisted in management of Orpheum renovation, board selection, organization of workspace and staffing structure.

1987-1988

EXECUTIVE DIRECTOR HOST COMMITTEE
REPUBLICAN NATIONAL CONVENTION, New Orleans
Responsible for coordination of all subcommittee activities with universal goals of Host Committee and for management of office staff.

1980-1987

HIGH SCHOOL PRINCIPAL
ACADEMY OF THE SACRED HEART, New Orleans, La.
Recruited by the Society of the Sacred Heart to be the

first principal of the high school who was not a member of their religious order.

1958-1980 **GUIDANCE COUNSELOR AND TEACHER**
VIRGINIA, CALIFORNIA, LOUISIANA

PRESENTATIONS

Presentations on Drug Programs
- **NCEA 1999, 2000**
- **Catholic Administrators Conference 1999**
- **Terrebonne Parish School Board 1999**
- **District Attorney Harry Connick's Panels 1998,1999**
- **Mobile Private School Board/Administrators 1999**
- **Peroria Diocese Conference 1999**
- **CASA/Ronald Regan Foundation, Los Angeles 1999**

Presentations at Other Conferences
- NCEA - 1995, 1996, 1997, 1998, 1999,2000
- Catholic Leadership Conference 1997, 1999
- ISAS - Houston and New Orleans
- Catholic Schools - Saint Louis, Biloxi and New Orleans

PROFESSIONAL INVOLVEMENT

Orleans Parish District Attorney Harry Connick's High School Drug Testing Board 1998,1999
Professional Development Committee ISAS 1981-84
Faculty In-Service Planning Committee ISAS 1979,1981
Evaluation Committee member:
Convent of the Sacred Heart - New York City (Chairman)
Mullen High School - Denver, Colorado
Cathedral High School - El Paso, New Mexico
St. Mary's Hall - San Antonio, Texas
St. John's School - Houston, Texas
Wichita Collegiate School - Wichita, Kansas
Villa Duchesne - St. Louis, Missouri
Metairie Park Country Day - New Orleans, La.

BOARD MEMBERSHIP

Board of Trustees Academy of the Sacred Heart 1988-1991
Sophie Gumble Guild Board Vice President 1989-94
St. Francis Xavier School Board 1989-1991

DRUG TESTING RESULTS

By the end of the week following the testing, parents will be notified by the Dean of Students concerning the results.

Students testing negative will receive a letter outlining the results and the student's number will return to the "random plus" pool.

Parents of students testing positive will receive a phone call to set up a conference.

The results of a positive test will be confidential between the parents and the chief administrators. The parents may contact the student's counselor who will have referral suggestions or they may seek assistance outside of the school.

Any student, shown to be using drugs, is expected to receive professional assistance while remaining in school.

The student will be re-tested after an appropriate interval.

A second positive test will ordinarily result in dismissal from school.

PSYCHEMEDICS CORPORATION

1-800-628-8013

Psychemedics Corporation is the nation's leading drug testing company using hair to detect drug use.

The test is designed to detect the presence of illegal drugs in the cortex of the hair. Laboratory procedures are designed to show drug use and eliminate the possibility of a positive test result from outside sources.

Psychemedics' test detects illegal drugs used in the past approximate 90 days and can provide information of the type, quantity and historic pattern of individual drug use.

Psychemedics' hair analysis has consistently proven to be more effective than urinalysis and other methods in correctly identifying drug users. This superior detection ability makes Psychemedics the most cost effective and efficient method of drug testing.

More detailed information about the company is available upon request.

Psychemedics is providing testing for the 1998-1999 school year free of charge through District Attorney Harry Connick's office. The school will determine how to pay for the testing following the first year. Proposals to corporations and foundations are being drafted to generate financial support for the program.

DE LA SALLE

www.psychemedics.com

Tests for
1. Marijuana
2. Cocaine
3. Opiates
4. Methamphetamines
5. PCP

38

5300 St. Charles Avenue
New Orleans, LA 70115
(504) 895-5717

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POSITION STATEMENT

De La Salle does not condone the sale, use, possession and/or distribution of alcohol or illegal drugs by students on or off the campus.

De La Salle reserves the right to require drug-screening tests of its students. Parents who refuse to allow their child to be immediately tested will be required to remove their child from the school.

This policy also involves being in the presence of others who have used or are using drugs or alcohol, or who are under the influence of either.

"We want to deliver a strong message to the students and the community about 'Zero Tolerance' for drugs at De Le Salle."

— Brother Jeffrey Calligan, FSC

The use and/or possession of alcohol, illicit drugs or paraphernalia while under the jurisdiction of De La Salle will ordinarily result in the student being dismissed from De La Salle.

PROACTIVE NOT REACTIVE

A main goal at De La Salle is to ensure that the school is a safe learning environment. Unfortunately, this does not mean that the environment at school is without risk from everyday societal pressures.

Recent national statistics show that eighth graders who used marijuana in the past 30 days went from 3.8 percent in 1991 to 11.3 percent in 1996; twelfth graders increased from 13.8 percent to 21.9 percent. (The Times-Picayune Nov. 5, 1997)

Out of concern for all the students and the larger community, De La Salle has decided to deter any serious drug problems by helping to ensure that no student at the school is using illegal drugs.

De La Salle has adopted a drug-testing program similar to that of St. Thomas More High School in Lafayette, where the drug testing procedures have been beneficial to students and enthusiastically supported by parents.

De La Salle has decided to take a leadership position by being the first school — public or private — in the city of New Orleans to implement a drug-testing program where every student will be tested at least once a year.

DRUG TESTING PROCEDURE

To launch the program, the entire student body will be tested in the first month.

Following the first month, groups of students will be selected daily for testing through a "random plus" system, meaning that the majority of students will be selected randomly but the administration reserves the right to require the testing of any additional students if warranted.

Students will be notified and will report to a designated area. A cosmetically undetectable snip of hair will be taken from each student and stored in a secure place.

Once a week, the collected samples will be sent to the laboratory for testing, which will detect illegal drug use during the past approximate 90-day period. All results will be returned to the Dean of Students and are highly confidential.

Once a student has been selected and tested, that student's number is returned to the collective pool for further "random plus" selection.

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Post-it® Fax Note 7671
Date 5/18/01 # of pages ▸ 1
To Yvonne Gelpi
From Harry Connick
Co./Dept.
Co.
Phone #
Phone # 827-7232
Fax # 895-1300
Fax #

Harry

District Attorney of New Orleans
State of Louisiana

TIMOTHY J. McELROY
FIRST ASSISTANT DISTRICT ATTORNEY

619 SOUTH WHITE STREET
NEW ORLEANS, LOUISIANA 70119
504/822-2414
www.noda.new-orleans.la.us

I would encourage every school to consider a mandatory drug testing program because it enables our students to concentrate on what is important at this time of their life—getting a quality education.

Yvonne R. Gelpi
President/Principal
De La Salle

…drug testing has had a positive effect on St. Augustine High School. Since we started taking hair samples in March 1999, the morals and self-esteem of my students have skyrocketed.

Reginald Delecia
Principal
St. Augustine High School

I am happy to inform you in our second year of drug testing that all of our students are meeting with great success.

Sister Camille Anne Campbell, O.Carm.
President/Principal
Mount Carmel Academy

Drug testing for high school students is an excellent initiative.

Carmen Schenxnaildre
Principal
Pope John Paul II High School

Preliminary student feedback indicates that the mandatory drug testing has affected our students' decisions not to use drugs

Marguerite S. Celestin
Principal
St. Scholastica Academy

My endorsement is based upon the success of the drug testing program taking place at Saint Paul's School.

Brother Ray Bulliard, FSC
Principal
The Saint Paul's School

BEST COPY AVAILABLE

Mr. MIDDLEBERG. Good morning, Chairman Mica, Congressman Vitter, and guests. My name is Aaron Middleberg, and I am a graduate of De La Salle's class of 1999.

I came to De La Salle in 1995 as a freshman. Two years into my high school career, De La Salle introduced the drug testing policies. All students were informed that in 90 days, the entire student body would receive a drug test. This came as a bit of a surprise to several students and parents, but the administration knew the challenges the students faced, and the fact that drugs were readily available in the New Orleans area. And this would be a way to make sure that each student was taking full advantage of the right to learn in a safe and drug-free environment.

The administration moved through with their plan and drug tested the entire student body. Barely 2 months after the drug testing began, I was called down to Ms. Gelpi's office. I thought to myself, what have I possibly done now? I knew I had parked in the teachers' lot, as well as probably was tardy, and I just might have cut in the lunch line. But I was wrong. It was not for those reasons. She wanted my opinion on the drug testing. My answer to her was, I think it has been wonderful. The people that would hang around outside of school when the dismissal bell would ring were gone, and the No. 1 thing that made a difference was, every single student in De La Salle had a reason to say no. Every De La Salle student had a reason to say no.

One might ask, is it worth the money to drug test everyone, or should we just drug test the kids we suspect? Test every single person, including the staff, and you will have a school that is almost drug-free, and one less peer pressure on a student—one less peer pressure.

It worked for me, so let us make it work for everyone. It is not a punishment, it is a privilege to know someone cares that much about you.

Thank you.

Mr. MICA. Appreciate your testimony. And we will now hear from Rosemary Mumm. She is the diversionary program director for the Office of the District Attorney for New Orleans. You are recognized.

[The prepared statement of Mr. Middleberg follows:]

Good Mourning

My name is Aaron Middleberg I am a graduate of De La Salle's class of 99. I came to De La Salle in 1995 as a freshman. Two years into my high school carter De La Salle introduced a drug testing policy. All students where informed that in ninety days the entire student body would receive a drug test. This came as a bit of a surprise to several students and parents. The administration knew the challenges a student faced and the fact that drugs are readily avalable in the New Orleans area and this would be a way to make sure that each student was taking full advantage of the write to learn in a safe and drug free environment. The administration moved through with their plan and drug tested the entire student body.

Barely two months after the drug testing began I was called down to Mrs. Gelpi's office. I thought to myself what have I possibly done now. I knew I parked in the teachers lot as well as probably tardy and just might have cut in the lunch line but I was wrong it wasn't for those reasons she wanted my opinion on the drug testing. My answer to her was I think it has been wonderful the people that would hang around outside of school when the dismissal bell would ring where gone and the number one thing that made a difference was every single De La Salle student had a reason to say no. Every De La Salle student had a reason to say no to drugs.

One might ask is it worth the money to drug tests everyone or should we test the kids we suspect. Test every single person including the staff and you will have a school that is almost drug free and one less pressure on a student. It worked for me so lets make it work for everyone. It is not a punishment it is a privilege to know someone cares that much.

Thank you

If anyone has questions I would be more than happy to respond.

Ms. MUMM. Thank you, Congressman Mica, Congressman Vitter, and distinguished guests.

One of the major concerns that many have expressed about drug testing of high school students is the intent of the testing. Once persons understand the testing is designed to assist and not punish our youth, the second-most common concern is that of the availability of treatment. In New Orleans, this is a paramount issue to administrators, principals, counselors and parents.

As a 19-year substance abuse professional, I am pleased that these issues are raised as it underscores the recognition that a "Just say no" policy of addressing persons who abuse and are addicted to drugs is over-simplistic, or that a zero tolerance school policy, in and of itself, is not sufficient to stop drug use.

Drug abuse is not just a criminal justice issue. It is one of the major public health issues of the day. According to a 1999 Monitoring the Future Survey, 23 percent of U.S. high school seniors—that is almost 1 in 4—reported use of marijuana in the 30 days prior to the survey. The 12th annual PRIDE survey reported that, of the 25.6 million students in grades 6 to 12, over 4 million are monthly users of illicit drugs. And as a point of reference, this is double the number of people who are incarcerated in our prisons today. In this same study, it was determined that half of those who reported bringing a gun to school also reported daily illicit drug use.

In a federally funded needs assessment study in Louisiana, for Orleans and the surrounding parishes of Jefferson and St. Barnard, the number of students, teens, that needed drug treatment or intervention for illicit drug use is 8,500 teens. There is no question that there is a great need for treatment services for our youth, many of whom are unidentified. Not all students who use drugs are dependent or in need of treatment. Drug use varies considerably from initial experimentation to chronic, progressive addiction. If the young person has positive experiences from drug use with little consequence or threat of detection, the chances of additional use are enhanced, particularly if there is little discomfort or dissonance with that person's internal values, including those values inculcated from the school environment.

Adolescents can and do become dependent on drugs. Because the young body is still developing, drug use has more physical impact on adolescents than on fully grown adults. It is therefore particularly important to provide incentives to keep our young people from trying drugs in the first place. I have heard addicts report, for example, that within their first few times ingesting cocaine, they felt hooked. The later a person begins drug use, the less likely he or she will develop a problem with it, and the earlier a drug problem can be identified and treated, the more likely a successful outcome. Drug testing provides both the deterrence effect and the means to identify youth in need of services.

Our office suggests the following policy approach toward students who test positive. The principal should confidentially meet with the parents and the student to review the results. The family should be given resource options to seek a professional clinical assessment of their child. This interview is necessary to determine where on the continuum of drug involvement that child is, so that any recommendations can be individually tailored. These may range from drug education classes or family counseling to more extensive outpatient and inpatient treatment. Intensive treatment will be necessary for those students abusing or dependent upon drugs, as they may be experiencing alterations in brain chemistry and other organ functioning, along with the mental, the psychological and the social impairments. These young people need the support and tools to change.

It is therefore imperative that any schools that undertake a drug testing program collaborate with prevention and treatment specialists in designing their programs. In our efforts here, we are working extensively with the Council on Alcohol and Drug Abuse, and other local treatment providers to assure a comprehensive package of treatment alternatives. We are also seeking funding for additional expansion of treatment services.

In summary, drug testing offers vital, effective opportunities to identify and provide needed assistance to children who may otherwise go unattended until more destructive consequences occur. Arrests, suicide attempts or other symptoms that reflect significant impairment to their developmental growth can lead the adolescent to lose sight of their unique talents and potential. These programs are solid investments in our precious human resources.

[The prepared statement of Ms. Mumm follows.]

Government Reform Committee's
Subcommittee on Criminal Justice, Drug Policy, and Human Resources

Public Hearing: "The Drug Threat in Schools: Is Drug Testing an Effective Deterrent?"

May 30, 2000 – New Orleans, LA

Written Testimony of Rosemary Mumm

One of the major concerns that many have expressed about drug testing of high school students is the intent of the testing. Once persons understand that testing is designed to assist not penalize our youth, the second most expressed concern is that of treatment. In New Orleans, the question of the availability of and access to treatment is a paramount issue of administrators, principals, counselors, and parents. As a 15-year certified substance abuse counselor with 19 years working directly in the field of substance abuse intervention and treatment, I am pleased that these issues are raised, as it underscores the recognition that a "just say no" policy of approaching persons who abuse or are addicted to drugs is over-simplistic. Or that a "zero tolerance" school policy in and of itself is not sufficient to deter or stop all students from abusing drugs.

Drug abuse is not just a criminal justice issue; it is one of the major public health issues of the day. According to a 1999 Monitoring the Future survey, 51% of U.S. high school seniors reported use of alcohol in the 30 days prior to a survey, 35% reported tobacco use, and 23% reported marijuana use during this same period. *(1)* The 12th Annual Pride National Survey of Student Drug Use and Violence reported that of the 25.6 million students in grades 6 to 12, over 4 million are monthly users of illicit drugs. In a CSAT funded State Needs Assessment Project study in Louisiana, 4% of the students in Orleans reported weekly marijuana use or monthly cocaine, heroin, or hallucinogen use. *(2)* Over 8 percent of Orleans teens are predicted to be in need of drug treatment or intervention from illicit drug use alone. For Orleans and the surrounding parishes of Jefferson and St. Bernard, 8,500 teens are predicted to need drug treatment or intervention based on illicit drug use and 10,319 teens are predicted to need alcohol treatment or intervention. Among juvenile arrestees across the nation, marijuana is overwhelmingly the primary drug of use, ranging from 64% in Phoenix to 35% in San Jose across 13 cities. *(3)* There is no question that there is a great need for treatment services for our youth.

Not all persons who use drugs are dependent or in need of treatment. Drug use varies considerably from initial experimentation to chronic, progressive addiction. If the individual's reaction to the first experience is a positively reinforcing event and the threat of detection is slim, the chances of a second attempt are greater. If there is little discomfort or dissonance to the young person's internal values, including those values inculcated from the school environment, the likelihood of additional attempts will be enhanced. Drug use can then proceed on a continuum of frequency and resulting problems. Once someone crosses the line from abuse into dependence, the progressive nature of the disease kicks in.

Persons respond very differently to the ingestion of drugs for a variety of reasons: they may have a genetic predisposition from family history that renders them biologically different than others without this history. The biovariability of the individual is important. Not infrequently, there may be an undiagnosed underlying mental health disorder for which the drug effect offers some temporary relief or amelioration of symptoms. Adolescents with serious behavioral problems are seven times more likely to report that they were dependent on alcohol or illicit drugs than those with less serious problems, according to the data from the National Household Survey on Drug Abuse. *(4)*

Let us be clear - adolescents can, and do, become dependent upon drugs. Because the young body is still developing, drug use has more physical impact on adolescents than on fully-grown adults. It is, therefore, particularly important to provide incentives to keep our young people from trying a drug in the first place. I have heard recovering addicts report that within their third or fourth experience with cocaine, they felt "hooked"; that with their first experience, they immediately had a taste of the drug's potential power over them. I have heard others report that the euphoria from alcohol was so instantly great that, retrospectively, they felt they were doomed to become alcoholic almost immediately.

When a person tests positive on a drug test, we do not know where in the continuum of drug involvement that individual is. To the degree that a drug test can reveal a quantitative level, this information can be a useful part of a professional interview and assessment. A young person early in drug use who has not developed a "relationship" with drugs can generally stop using if the deterrent is strong enough or the incentive to not use is great enough. Detection of drug use by a drug test for many young people may well be a sufficient deterrence to a young person from ever trying drugs. It can also provide a reason for that young person to discontinue use. But for those who are further along the drug abuse progression and are drug dependent, asking them to simply stop is inappropriate and inhumane. Treatment is necessary as that individual may be experiencing severe alterations in brain chemistry and other organ functioning along with the psychological and social impairments that accompany the disease. These brain chemistry changes can take long periods of time to reverse, and in some cases, these changes are permanent.

It is therefore imperative for any schools that undertake a drug testing program to collaborate with prevention and treatment specialists in designing their programs. Education professionals are not treatment professionals and improper handling of those youth who test positive needs to be avoided at all costs. In our efforts in New Orleans, Harry Connick's office has worked extensively with the Council on Alcohol and Drug Abuse and local treatment providers to assure a comprehensive package of treatment alternatives and the commitment to enhance these options. Grants have been submitted and new grants are being prepared to seek funding for an additional range of intervention and treatment services for adolescents.

We suggest the following policy approach towards students who test positive for drugs. The principal will call in the parents and the student for a meeting about the results. The family will be given resource options to seek a professional assessment of the student's drug involvement. These options will cover those families for whom ability to pay for this assessment is limited or non-existent. Based on this assessment, treatment recommendations can be made to the family, ranging from a series of drug education classes to more extensive services. Recommendations may include weekly individual or group counseling, family counseling, intensive substance abuse outpatient treatment, or in the less likely cases of an extremely impaired student, in-patient or longer term residential services. In addition, screening for other emotional or psychiatric issues can be part of the assessment with referrals provided for further evaluation. Where the school has some leverage over the student, this leverage may be used to ensure that recommendations are followed. Without some kind of leverage, my experience has been that many affected families will find a variety of reasons to avoid following through with these services. We know that denial of a substance abuse problem is a major dynamic of drug-affected individuals and their families. Such persons rarely seek services voluntarily without some external motivator to do so. A private school, as a policy matter, can require that a student complete the recommendations in order to remain in school. In the case of a public school, such leverage may be used with students who are involved in extracurricular or athletic activities, since these non-entitled activities are subject to different constitutional provisions than the rights to a basic education. Follow-up drug testing can assure that drug use has ceased. Progressive consequences for continued positive drug tests can provide further deterrence to a return to drug use.

Youth are unaware of their treatment needs. In an analysis by the Center for Substance Abuse Research of Substance Abuse Need for Treatment among Arrestees, the juveniles studied consistently underreported their need for treatment. For example, 23% of the juvenile male arrestees reported that they needed alcohol or other drug treatment while 42% of those individuals were diagnosed as needing treatment. Similar results were found among the females. *(5)* In the National Household Survey of 23.1 million U.S. household residents, the study reported that the treatment needs of younger residents were particularly underserved. The number of persons aged 12 to 25 dependent on an illicit drug was nearly six times greater than the number who had received treatment. *(4)*

Aside from the humanitarian aspects of treatment, there are real benefits to society which have been demonstrated through numerous studies. In one such study, taxpayers were shown to save an average $9,177 for every client in the year after treatment, with 94% of the savings derived from a reduction in crime-related costs, 4% from post-treatment increase in earnings, and 2% from reduced health care costs. *(6)* The later a person begins alcohol or other drug use, the less likely he/she is to develop a problem with it. The earlier a drug problem can be identified and treated, the more likely a successful recovery from further problems will be.

A word about alcohol use by youth. There is no question that alcohol abuse is a major danger for our youth. Alcohol is used by youth more than any other drug including tobacco and is generally perceived as less dangerous than other drugs. Sadly, however, there are many parents who allow and even promote underage drinking under the justification that as long as they do not drink and drive, it is ok. In March of this year, the '2000 Community Survey' conducted for the Council on Alcohol and Drug Abuse and the Louisiana Highway Safety Commission of 613 residents of the greater metropolitan area, 78% responded that they believed underage drinking is a problem in our community. Furthermore, marijuana users and those reporting alcohol/drug problems in the home were 3 to 4 times as likely to have teens who drank daily, the most affluent having the highest rate - 6% - 6 times the average reporting. Underage use of alcohol has been projected to cost a staggering $58 billion per year, primarily associated with costs attributable to alcohol-involved violent crimes and alcohol-related traffic crashes. *(7)* The Bureau of Justice Statistics has reported that many more violent crimes are committed under the influence of alcohol than all other drugs. Although alcohol is not a drug of detection in hair testing, the school drug testing programs that we support are intended to be inclusive in the prevention and interruption of all drug use by youth, including alcohol. The educational components, prevention activities, and treatment interventions should assist young persons to make healthy life choices and enjoy constructive, life affirming recreational activities and problem-solving behaviors without the use of any mood-altering substances.

While some have commented that a focus on athletes seems to be misaligned as these are the least likely persons to abuse drugs, let me comment on a study conducted between 1994 and 1996 in which over 50,000 male and female college athletes reported a significantly higher level of alcohol use than nonathletes and that the team leaders were just as likely as other team members to binge drink. The negative consequences of alcohol and other drug use were also greater for these groups.

Along with the other prevention activities, a high school drug testing program should include education and awareness opportunities about the impact on a young person living with an alcohol or other-drug abusing parent. These children have primary vulnerability to develop drug-related problems or other significant emotional problems. An estimated one of seven children in the U.S. lives in households with one or more adults who abused or were dependent on alcohol in the past year. *(8)*

Drug testing programs offer vital, new opportunities to identify and provide needed assistance to children who may otherwise be passed along unattended until more destructive consequences occur – arrests, suicide attempts, or other symptoms that reflect significant impairment to developmental growth and lead the adolescent to lose sight of their unique giftedness and potential.

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Mr. MICA. Thank you for your testimony, and we will begin the round of questions. And I will start with Mr. Connick, the district attorney.

To date, Mr. Connick, the Supreme Court has ruled that drug tests are constitutional, but in a limited example. And I believe that is for those involved in athletics or extra-curricular activities. You are expanding this program this fall, I understand, from a private school to a public school. Do you feel that you will be subject to a challenge here with the institution of that from private to public sector, and do you feel that that program can continue or be legal under the guidelines already established by the court?

Mr. CONNICK. Yes, I do, Mr. Chairman. The examples set by De La Salle and other schools that are drug testing now established the procedure of how to do to it. Yvonne Gelpi and the other school principals spent a lot of time inviting questions about the program. They spent a lot of time laying the groundwork. And that same policy was adopted by Mr. Vincent Nzinga, who is a principal at one of our largest public high schools in the city. And Ms. Geraldine Walker, who is the principal of the PTA at that school spent a lot of time with the parents over there, and they sent out all kinds of correspondence and had meetings and discussions. And we are told that a substantial number of the parents—which, incidentally, coincides with the data gathered by fact finders regarding the support that exists for this drug testing—most of the parents want it.

Some of the students who are going to be tested under the 3-percent testing plan, that has been promulgated by the Orleans Parish School Board, but everyone is going to be voluntarily tested. They will use hair. We have obtained a grant for a 2-year period of testing, approximating $165,000.

Mr. MICA. So this is a voluntary——

Mr. CONNICK. It is going to be voluntary.

Mr. MICA. And yours is mandatory, Ms. Gelpi?

Ms. GELPI. Yes.

Mr. MICA. So it is a condition of——

Ms. GELPI. Enrollment.

Mr. MICA [continuing]. Enrollment at the private school?

Ms. GELPI. Yes.

Mr. MICA. Is there a way to make yours mandatory, or at this time it is strictly voluntary?

Mr. CONNICK. I would hope to think so, but I would really walk softly in that area, to avoid challenges.

Mr. MICA. Do you have any type of a release that your students' parents sign, Ms. Gelpi?

Ms. GELPI. It is part of the application process.

Mr. MICA. It is?

Ms. GELPI. And it is in the student handbook.

Mr. MICA. And are you anticipating a similar type of release or approval from parents or guardians?

Mr. CONNICK. Yes, Mr. Chairman. Permission has to be given to drug test the students. They have to sign—in order to participate in athletic activity, they must sign a consent form. They may be selected randomly to be tested, but everyone else voluntarily will have to sign a release. Parents will have to do it, and students will do it.

Mr. MICA. I understand, Ms. Gelpi, here at this school, the parents pay for this, and it costs about $50. Is that correct?

Ms. GELPI. Yes.

Mr. MICA. And how would you pay for this public program?

Mr. CONNICK. We, fortunately, have been able to get some money from some private foundations to do it. But we would like to expand it. I do not think it is going to be expanded without your support, without the support of Congress.

I know there are some bills in Congress right now advocating drug testing in public schools, but we really need for you to support what we are proposing here today, get behind a project and the cost I think would be minimal. But the funding, I think, would give us a chance, enable us to demonstrate that it can be done, and that it is successful and is, in fact, a deterrent.

Mr. MICA. I am not certain of the local school structure. We have, where I come from, a school superintendent, school board, and they would pass approval of institution of any type of a program like this. Do you have a similar structure, and has this come before that board, the public board, and received its approval?

Mr. CONNICK. I think that the approval has to come from the school board. But what I would like to see is some funding made available to us, and let us offer to any school that wants to participate on a voluntary basis in the drug testing program, similar to Douglass, I think you will find an overwhelming response from the parents in this area.

Mr. MICA. Well, we can put some caveats on Federal money, we are well-known for that, particularly in the education area. But one possibility would be, if you receive Federal funds, that you institute some type of a drug testing program. What would be your response to a congressional mandate like that, Mr. Connick?

Mr. CONNICK. If I understand you correctly, if we are offered the opportunity to do that?

Mr. MICA. No, make it a condition. You receive Federal funds, and you must come up with a program, mandatory.

Mr. CONNICK. Oh, that is done. We already have——

Ms. GELPI. He is saying if they tied a string to the Federal funds, that you had to drug test.

Mr. CONNICK. Right. I do not know, along educational—would educational—I do not know about that.

Mr. MICA. You want the Federal money, but should we have Federal guidelines——

Mr. CONNICK. I think you should have guidelines, absolutely.

Mr. MICA. Ms. Gelpi, have you had any challenges to the program, court challenges?

Ms. GELPI. No.

Mr. MICA. No. Now what about those students who are found with positive test results? Are they retested?

Ms. GELPI. Yes. When a student is found positive, there is one person in the school who knows that, and that person contacts the parents and the student, and they come in for a conference with—it happens to be the dean of students in our school. And it is quite often the first time a parent even hears that there is a possibility that the child is using drugs, and generally the parent denies it immediately, and it takes a little while for the process to work.

But at the end of the conference, the recommendation is that the family seek some kind of counseling. Some of the schools require it. We just suggest it. We have counseling staff here, 1 per every 200 students, and then there are outside agencies. So the parents are encouraged to get the counseling.

In 90 days, the student is retested, and so they have 90 days to clean up their act.

Mr. MICA. And what about after the 90 days, if the retest positive?

Ms. GELPI. If they retest positive, we ask them to withdraw from the school.

Mr. MICA. Have you had to institute that policy?

Ms. GELPI. Yes.

Mr. MICA. You have?

Ms. GELPI. Yes.

Mr. MICA. So it has been an effective deterrent in reducing the incidents, and then you have had instances where they have either not sought treatment or counseling or, as you said, cleaned up their act. And are asked to leave.

Ms. GELPI. In our first year, we had 10 percent of those who tested positive retest positive the second time. In the second year, it was only 5 percent. But I have asterisked on the page with the statistics, eight students chose to leave the school after the first positive test, rather than remain in the school and know that, if they kept doing drugs, that they were going to get caught the second time. So that 5 percent is not a valid statistic.

Mr. MICA. How would you enforce the public school program? I think you had mentioned that you want to have some type of treatment or counseling.

Mr. CONNICK. Yes.

Mr. MICA. Would there be any enforcement mechanism? You are not really going to be able to throw them out of school or ask them to withdraw.

Mr. CONNICK. No, but I think there are sanctions—no, you cannot do that. You are right. But I think sanctions would be available, would be made available to have alternative schools available to those students who regularly use drugs or refuse to stop using drugs. That is being worked on now with Douglass. The school board has a policy of suspending athletes if they test positive. Our proposal for Douglass was to let them continue to play.

But there are sanctions that can be included in the program, and hopefully alternatives that will stop and reduce the drug demand. If you have someone who continues to use drugs, I think, you know, that is a basis for expulsion. But that would be something that the Orleans Parish School Board would have to decide.

Mr. MICA. Mr. Middleberg—did you want to respond, Ms.——

Ms. GELPI. Yes, may I add something? When we met here, Harry, you might remember, we had the Orleans Parish School Board and several other groups back in the library when we first proposed to them about the drug testing. And that question did come up. And I am not sure of all the terminology, but in the public schools, there is a disciplinary process, and there are levels. And they felt that it would be easy enough to move the child through already-established levels, where then they would go to alternative schools. It would just fit in with their system, and they would not have to throw them out, so to speak.

Thank you.

Mr. MICA. Mr. Middleberg, when were you in school here?

Mr. MIDDLEBERG. I graduated in the class of 1999, which would have been last school year.

Mr. MICA. And were you here as—how old is the drug testing program; 3 years?

Ms. GELPI. Three years.

Mr. MICA. Three years. Were you in school before the drug testing program?

Mr. MIDDLEBERG. I was here both before and during.

Mr. MICA. How available are drugs in this community to students?

Mr. MIDDLEBERG. In the community as a whole, drugs are readily available to——

Mr. MICA. What kind of drugs are available?

Mr. MIDDLEBERG. Most likely, you could probably get your hands on your basic drugs, as marijuana and cocaine would be fairly easy to get your hands on. But other drugs that are tested for are a little less harder to get your hands on. I would not say that everyone had access to drugs, but if you are someone who is interested in drugs, you certainly will not have a problem finding drugs.

Mr. MICA. And do you keep up your connections with students in the school?

Mr. MIDDLEBERG. Yeah, I still have some friends that just graduated this year.

Mr. MICA. Are drugs still readily available on the street here?

Mr. MIDDLEBERG. Drugs are readily available in the community. Drugs are no longer readily available in this school at all, completely. That was stopped immediately when the drug testing program became into effect.

Mr. MICA. Well, what was the reason for that? Was it being afraid of being caught?

Mr. MIDDLEBERG. It was both afraid of being caught, it was the way the school approached the drug testing policy and how serious everything was. And the students that were selling drugs then left and decided that De La Salle was not the place for them, or they would not come around after school knowing that students at De La Salle were no longer available to do drugs, due to the fact that they would get tested and they did not want to leave school.

Mr. MICA. I notice that this was part of a total drug program, is that correct?

Ms. GELPI. Yes. We had a program of drug education.

Mr. MICA. Did you have, also, monitoring with dogs and things of that sort?

Ms. GELPI. No, we did not do that. We did bring the dogs in for show-and-tell, for our student assembly. It was extremely effective to have those drug-sniffing dogs, and the police came in with them. But we simply did it to make a point, that this was a tool available to us, if we chose to use it.

Mr. MICA. So it was a drug education program?

MS. GELPI. Drug education program.

Mr. MICA. Maybe you can describe that for the subcommittee.

Ms. GELPI. It is a combination of many different things, that is taught within the counseling department, taught within the religion department, taught in the health classes, in physical education, and also sometimes addressed in the science department in their courses.

The thing about it is, kids know drugs are not good for you. They know they are harmful, they know they should not be doing it. But adolescents are risk-behavers, and some of them just want to take the risk, want to experiment, want to push the limits. So drug education was not enough.

Mr. MICA. You had cited the statistic that 30 percent of the students were offered drugs. Was that before the program started, and have you done any subsequent assessment?

Ms. GELPI. We have not done a followup study, other than an informal one. We put that together with a doctor from—a social work doctor, a Ph.D. doctor from, I think it was LSU came and did the survey. PRIDE, also—Rosemary told you about PRIDE. The organization PRIDE has a survey. And they came in, this group did, Risk Behavior, came in and tested all the students and asked the questions. It did not only deal with drugs, it dealt with suicide, it dealt with lots of different—alcohol, lots of different possibilities.

And then we got the results back, about a year later, when we were well into the program. We did not need the survey to tell us what we knew. We knew we had students experimenting with drugs.

Mr. MICA. How big a universe of the students are now involved in this? If we take in the private schools, you have a 600 or 700 student population?

Ms. GELPI. We have 850.

Mr. MICA. 850, and there are how many others?

Ms. GELPI. I would say most of the schools would be, let us say 1,000, in round figures. So nine schools next year—six schools this year, say 6,000 students. And then if you add the three more, 9,000 next year.

Mr. MICA. I have questions for Ms. Mumm. You are involved in a diversionary program, and you deal also with students and young people who have first-time experience. Is it limited to first-time offenders?

Ms. MUMM. Yeah, we started out as a pretty clean first-time offender program. But as we gained success with that, we took in more people with more arrest histories, in some cases with prior convictions, as long as the conviction was for a non-violent offense, and it was some years ago.

Mr. MICA. And what is your success rate?

Ms. MUMM. We reduced recidivism by 75 percent. We do use urine testing and hair testing, and so we are able to really validate that when someone leaves our program, they have been drug-free. Urine testing, as Yvonne has mentioned is a very fallible system in terms of evasion. So even though we still do random urine testing, we like to have the verification through periodic hair tests that that person is remaining drug free. And I think it is a unique technology to have kind of a 90-day record, if the person has that much hair, to really affirm that that person has been drug-free. That is a unique part of the technology.

Mr. MICA. Have you had any of the students that——

Ms. MUMM. Yeah, actually, I have. There was one individual that had tested positive at De La Salle. I think there were some sanctions placed on that person—I do not want to reveal too much, obviously, for confidentiality's sake. He was subsequently arrested on a marijuana possession charge, came into our program and continued to test positive. And we had to terminate him from the program. He had various—well, he had a very extreme level of denial, as his family did, and he was not someone that was responsive, at least at this point in time, to the treatment intervention.

Now when we terminate someone unsuccessfully, they go on to court and they are prosecuted. So whatever happened to that case, you know, if he was found guilty or pled guilty, then he would be placed on probation, and the subsequent sanctions would follow him.

Mr. CONNICK. Mr. Chairman.

Mr. MICA. Mr. Connick.

Mr. CONNICK. Could I tag on to what Yvonne Gelpi said?

She mentioned a survey. One of the things we do not know about teenagers and drug use is the effect or the impact of drug testing. PRIDE is presently conducting a survey at Douglass High School, and also at another high school that has volunteered to participate in this survey. We are going to find out, hopefully, what happens in these two schools, and what eventually occurs when testing is implemented at one school and not in another.

And the people that we speak to are just so hungry for this kind of information. Yvonne's statistics, I think, are most revealing and most encouraging, but we want to find out more about treatment. And we do not know, we cannot measure precisely the need for treating young people with drug problems. We do not know the nature of that treatment that is needed, we do not know the extent of it. And by initiating this kind of a program, with the survey as part of that program, I think we should be able to identify and answer a lot of heretofore unanswered questions. And that is a vital part, that would be a condition that we would want to see imposed.

Mr. MICA. Mr. Connick, a final question. You are involved in the criminal justice system here. Approximately what percentage of the cases coming before local prosecutors and the courts, judicial and law enforcement, are drug-related today?

Mr. CONNICK. I would estimate conservatively 60 percent.

Mr. MICA. Sixty percent.

Mr. CONNICK. I might add that 65 to 70 percent of everyone coming into our parish prison, under the Drug Uniform Forecasting System that is in place tests positive, but they use urine. And you are not going to catch everybody. If you used hair to test——

Mr. MICA. So you think it is even higher?

Mr. CONNICK. I think it is, I would say 80 to 85 percent.

Mr. MICA. Thank you. No further questions at this time. I yield to Mr. Vitter.

Mr. VITTER. Thank you, Mr. Chairman.

I want to followup on the constitutionality issue with Ms. Mumm and Mr. Connick, perhaps, and just get it clear in my mind. There is no question that a non-public institution like De La Salle can do anything it wants and just make it a pre-condition of enrollment, is that right?

Ms. MUMM. Correct.

Mr. VITTER. And so the only Constitutional question is in a public school, and the Supreme Court has validated what, exactly, random testing for athletes?

Ms. MUMM. Right. In the Vernonia case, athletes, that activity was seen as not a right. It was an activity that people could select to go into, but they were not entitled to. And in that situation, the school, the public school, could require that they participate in a drug testing program.

Now with Congressman Mica's earlier question, if I can attend to that in terms of sanctions in a public school, when it is under an athletic situation, then you can use that circumstance to require the athlete to attend treatment in order to remain on the team, or get back on the team. And that is a good use of the course of leverage that a school has to see to it that treatment is enforced, or in place, I guess.

And then the 7th Circuit, Indiana case involved extra-curricular activities, so it was broadened beyond the athletic activities. And that encompasses, again, any school involvement that is not a right, but a privilege, I guess, to participate.

Mr. VITTER. Right. You happen to remember those two cases. Were those programs involved random or universal for the population, do you remember?

Ms. MUMM. Actually, I am not sure about that.

Mr. VITTER. I am just thinking out loud, I do not know why it would make any difference in terms of constitutionality. It seems to me, if it would be OK for random, it would be OK for universal.

Ms. MUMM. I would think so.

Mr. VITTER. And has there ever been a case, for instance, mandating testing in a public school, school-wide, but if it were, say, a magnet school, so therefore entrance to that school was not necessarily a right, and there would be other public school options?

Ms. MUMM. That is an excellent question, and I am not clear. I do not know if somebody in——

Mr. VITTER. It probably has not been tested? It has not been tested, that you know of?

Ms. MUMM. Not that I know of, but I think it is a good point.

Mr. VITTER. I guess the line seems to be that you can tie it to anything, except the right to an education.

Ms. MUMM. Right. Correct.

Mr. VITTER. You can tie it to athletic involvement, you can tie it to extra-curriculars, maybe you can tie it to going to a particular school when there are other school options available.

Ms. MUMM. Right. And I believe another school in a parish nearby is wanting to do it for students who drive to school, that that is, again, a privileged activity and not a right.

Mr. CONNICK. Mr. Vitter and Mr. Chairman, that is a good question. And one of the things that you mentioned yesterday, Mr. Chairman, at the meeting, was that illegal drug use, drug abuse, is a national problem. And it is. And I think that we do a lot of things in the interest of national safety and health and welfare that would perhaps justify the testing of students. A lot of folks who—not a lot, some of the folks, mainly the ACLU who objects to testing students, do not seem to be able to afford an answer when you ask them, well, every time you board a commercial airline, you give up what I consider to be one of the most sacred rights of the American citizen, and that is a right to privacy. The right not to be searched, and the right not to stand with your arms outstretched and have someone go through your pockets, or empty your pockets and give you a pat-down completely. And to me that is more invasive than taking a little bit of hair from somebody's head.

So I think if perhaps exploration is deserved and needed in the area to find out what is in the best interest of this country, what is the best interest from a health and welfare standpoint, and a safety standpoint of every student and every citizen in this country?

Mr. VITTER. Mr. Connick, I also wanted to followup. I think we mentioned the relatively new Louisiana High School Athletic Association Program. How is that going to be implemented initially, and what direction would you like to see it move in?

Mr. CONNICK. I am not at all impressed. I like the idea the principals of Louisiana, by a very narrow vote about a year and a half ago, voted to have all of the schools come up with a drug testing program, with a policy.

Mr. VITTER. For the athletes?

Mr. CONNICK. I am sorry?

Mr. VITTER. For the athletes.

Mr. CONNICK. Yeah, for the athletes. And some of the schools came back with the program that—as did our Orleans Parish School Board, that said, we are going to test 3 percent of the students. Well, I think that is insulting to the concept of drug testing, you know. You have 100 percent of De La Salle. The De La Salle students, the athletes over here and everyone engaging in extracurricular activity, competitive and non-competitive, must be tested. And only 3 percent in our Orleans Parish schools, and in East Baton Rouge Parish.

So I am not very impressed with the response that the Louisiana High School Athletic Association got. However, I think that when they see what is happening in those schools where drug testing is taking place, they are going to say, we need this. And I think the parents are going to demand this, that we want the same protection for our children that De La Salle gives, and these other schools give. We want our children off of drugs, and do what you have to do to get it.

Mr. VITTER. And has there been much discussion yet in the Jefferson Parish public system?

Mr. CONNICK. Yes.

Mr. VITTER. And where is that heading?

Mr. CONNICK. Yes. Paul Connick, Jr., my nephew, we enlisted his support to get going out there. The people in the public school system of Jefferson Parish have told us that, you get us if you get the money for us, we will institute a meaningful drug testing program in Jefferson Parish, where they need it.

Mr. VITTER. And so they have the details worked out, in terms of what population would be tested? Would it be all extra curricular students?

Mr. CONNICK. I think they have something in mind that they would test everybody who could possibly be tested, and use a volunteer basis for the rest of it. And we have worked on that for a number of months.

Mr. VITTER. OK. And Mr. Middleberg, I want to ask you about a really interesting comment you made was, if I understood it right, that this policy at De La Salle really gave a lot of students a way out, an easy way to say no, and to avoid the issue and to push back the peer pressure. I wanted you to elaborate a little bit on that.

Mr. MIDDLEBERG. Correct. Basically what I was saying was, if you are in an environment where you have students from other schools or students that are using or under the influence of drugs, you are going to be pressured into the fact that you might end up trying drugs for the first time. And the fact that you are drug tested is going to give you an easy way to just say, no, I cannot, I get drug tested at school, and then it is over with. Opposed to having to say no, and then you are going to have 40 people saying, come on, try it. It is just an easier way to say no, and it kind of just stops there.

Mr. VITTER. Do you think there are a lot of students sort of relieved to be given that way out?

Mr. MIDDLEBERG. I am positive that there are a lot of students that have been given that way out, because there are a lot of students that have problems saying no. But now they have to say no or they are going to hurt themselves even more. So they really have a good reason now.

Mr. VITTER. And if you, and perhaps Ms. Gelpi, too, could just explain in a little bit more detail, how do you think it changed the environment at this particular school, or the surrounding neighborhood, or you know, between when it was begun and a year later, what sort of change did you see day-to-day?

Mr. MIDDLEBERG. As Ms. Gelpi said when she was speaking, just the overall performance of the students, as far as arguments, fighting, disciplinary actions that had to be taken, decreased overall, and you could really tell. After school, there were students that would come around from maybe other schools and pick students up, and those were the ones, maybe, that would be bringing drugs into the area. And that basically was all gone, and everything really calmed down after the drug testing came in, and it was more of a quiet place than a rowdy place.

Ms. GELPI. I would like to comment.

Mr. VITTER. Sure.

Ms. GELPI. Congressman, if you do not mind.

I want to tell you, first of all, an anecdote from a student who was in a class of mine. And this happened when he was in seventh grade. This is responding to the peer pressure problem. He wore a Band-Aid in seventh grade on his arm to school every single Monday, and he told his peers that his father was drug testing him, and that is why he could not do drugs. I thought that was a real creative way to take an answer to peer pressure. But that is how intense it is. It is really hard.

Adolescents have a strong need to belong, and to stand apart from the crowd. I mean, you would not be in the positions you are in if you succumbed to peer pressure, you are able to stand apart. But adolescents very rarely are able to step back and say, no, I will not do that. And this does give them permission to do that.

The other response I want to make, I did go to speak to Terrebonne Parish District Attorney Joe Waites. You might want to contact him, because I know that their school board—I spoke to the whole school board, this was probably a year ago. I do not know where they are in their process, but I know they were looking very strongly at implementing it in their schools.

Mr. VITTER. Right. Thank you, Mr. Chairman.

Mr. MICA. Just a followup question for Mr. Connick. We talked briefly about Federal guidelines. It appears that this type of testing might be something that we could take a serious look at funding on a nationwide basis. But you said, we may need some Federal guidelines. What would you suggest, how would you structure this?

Mr. CONNICK. I think you should begin by testing as many students as you can, legally. That would be students engaging in all kinds of extra-curricular activity. I think you would want to solicit volunteers for the program, have the testing done voluntarily. I would use hair. I would test all of those students in that group that I mentioned, and would require a 25 percent followup and a retesting randomly, and a retesting of everybody who tested positive. I would require that there be confidentiality, I think that is vital to the program. I would also require that anyone testing positive, their parents have to be notified, or guardians have to be notified and brought into the discussion. And I would make available and require that there be money for counseling and treatment.

I doubt that, if any prolonged treatment would be necessary in the case of students, of that age, but you may need some intensive—some counseling and maybe some in-house. But I would provide for those things and say, this is what is going to happen, if you participate.

I would also want some record to be kept. Yvonne Gelpi and the other schools are keeping, I think, remarkably good records on what is happening to the students in the school. Who used before, how many tested positive and what happened. And I think that I would want a survey similar to the PRIDE surveys that are going on here now, would want that included for the future and for treatment purposes, and for you, as a representative of us, to measure the need that we really have in this area. Because I do not think we know, I do not think we have any concept of the reality of that situation, yet. It has just never been done. What do we need to treat our children who have drug problems? How much counseling do they need? How extensive should it be? And those are things that I think we could find out by this.

Mr. MICA. Finally, a question of random versus mandatory, and participation for everyone, what would be your recommendation based on your experience, Ms. Gelpi?

Ms. GELPI. I would definitely suggest it be for everyone. And if you would look on page 2, one of the statistics that we found in our first year was that 65 percent of the males who tested positive were not involved in any activity. So therefore, if you test the athletes, and you test those involved in activities, 65 percent of those who tested positive, males, were not involved; 89 percent of the females were not involved in any activity. So I think it is really important.

There are a couple of other statistics on that page. A lot of people think that it is the working class people, lower class people, blue-collar people whose children are going to be most likely to take drugs. That is not what is supported in our statistics. It is the children who come from the professional, upper-class families where they have the money and the wherewithal to get the drugs. That was 83 percent of the students who tested positive were from professional families, opposed to 17. And the other statistic that I found very interesting, you always hear about the poor single mom raising her children by herself, and think that maybe those are the kids that might be involved. 59 percent of them came from two-parent family homes, and 41 percent from single-parent homes.

But I think the most telling statistic is, we have always known in education, you need to get your children involved in activities, and this statistic supports that. So I would say mandatory, simply because you will catch everybody and put the, you know, burden on every child.

Mr. MICA. Mr. Connick, you wanted to comment?

Mr. CONNICK. No, I agree with that. I think the gathering of this information is vital, and I say good morning to Congressman Jefferson. He has been, incidentally, very open and receptive to these appeals that we have made to him, and I want to publicly acknowledge his support for what we are doing.

Mr. JEFFERSON. Thank you, Mr. Connick.

Mr. MICA. I am pleased that we have been joined by our colleague, Mr. Jefferson. We have just finished, Mr. Jefferson, questions for this panel. I would be pleased to recognize you at this time, if you had an opening statement or comment. You are recognized, sir.

Mr. JEFFERSON. Thank you, Mr. Chairman. I want to thank you and Mr. Vitter for the work you are doing in this area, particularly all of you for taking the time to come down here. I hope we have the chance to extend to you our usual hospitalities before you leave the city.

But in any event, I know how important this is to us, and how important it is to you, and what a place this issue takes in your life and in your life's work.

I want to congratulate our District Attorney for his continued, sometimes lonely battle in this area, trying to find a way to help families come to grips with trouble that their children are having and they do not have the slightest idea what it is. This whole issue about drugs and the pervasiveness of it escapes us because we sometimes think that it is somebody else's problem. And it really can be in any family at any time, in some family living in a mansion, some family living in some run-down location. They all are subject to the same sorts of risks out there. And parents need to know and be better able to manage these problems with their children.

We ought to find the least invasive way that we can to give parents more control over what is happening in their children's lives, and to help their children correct whatever they are experiencing in way of getting involved in illegal drug use, before it is too late to bring them back into mainstream society, before they are lost to us.

I know that there is nothing easy about this issue, there are all sorts of implications, constitutional implications and otherwise. But I think what Mr. Connick is doing is trying now to find a way to educate parents and educate the public about how important this is, and how useful it is, and how critical it is, to get parents and families and school personnel all working together to try to find a way in a cooperative spirit to get after this problem, and to help our children.

I again applaud our chairman for his interest and Mr. Vitter for his interest, and especially Mr. Connick and those who are at the table for taking the time and the interest to help to get us guided in this way. I hope that we can find some solutions here that will have our community joining in strong partnership with law enforcement and parents and families with their schools, so that we can get at this problem once and for all.

As you well know, Harry, unless parents know, they cannot take effective action. But once they are empowered with information, then they can help to control the situation in their homes. This is an effort to give parents information they need to help their children make better decisions, and to help bring families out of crisis. I am proud to be associated with it, and I certainly hope that we can find a way together to think through this thing and to put it in a position where it can be helpful to more families.

Mr. MICA. Thank you, Mr. Jefferson. As I said, we had just heard statements by each of the first panelists—Mr. Connick, Ms. Gelpi, Mr. Middleberg, Ms. Mumm—relating to both the drug testing program that is going on in the private sector and also anticipated in the public sector here. And Ms. Mumm described some of the elements of the diversionary program that she directs here with the District Attorney's office.

Before I dismiss this panel, based on your knowledge of these programs, did you have any questions for the panelists at this time?

Mr. JEFFERSON. I hate to come at the end and ask a question, because it probably has already been asked, and I end up with some redundancy here.

Mr. MICA. Go right ahead.

Mr. JEFFERSON. I just wanted to ask this one thing. How broadly accepted, Mr. Connick, is the effort you are making now in Orleans Parish and, I think, in Jefferson Parish? Are you finding more interest and more acceptance now? I know you have been at this for a good while, and I think it may now bear some fruit. So I just wanted to know if you are making real progress with it?

Mr. CONNICK. A lot of progress with different people, elected officials and judges; 6 or 7 years ago, we had a lot of opposition to it. Thanks to a group called DOTS, Drugs Off The Streets, a group of women, volunteer women, and programs that we have had, conferences and seminars to which all of the principals of every high school in this area were invited. And I think because of what is happening in the schools here now, the acceptance rate by parents of drug testing of their children has risen to—I think CADA just did a study, 78 percent, I think. Is that right, Rosemary?

Ms. MUMM. Yeah, close to that.

Mr. CONNICK. It is becoming widely accepted, according to the polls that we are seeing.

And Douglass High School, they tell us over there that the parents of those children in Douglass, most of them want it.

Mr. JEFFERSON. I know that our U.S. Attorney is here this morning as well, and people who represent his office to show interest in this subject.

One last thing, there has been some discussion—and you and I have had this—about the effectiveness of drug testing as a deterrent, particularly the one that uses the hair-clipping method. I agree with you that, if we can get this program going, some effectiveness is better than no effectiveness. And if you wait for all the answers to be gotten, get everything pinned down, I suppose we may be waiting until the cows come home to get at this problem.

But I think there are some disagreements about whether this method of drug testing is effective, or whether there is a better way to do it. Can you respond to those questions?

Mr. CONNICK. I think drug testing by hair analysis is probably the most effective method that we know about. We use urine in our diversion program to complement hair, but the basic approach we use is to use hair. It is reliable, it is clean, less invasive and it works.

Mr. JEFFERSON. Thank you, Mr. Chairman.

Mr. MICA. Thank you. Good questions. And they had not all been addressed.

We appreciate, again, your participating with us this morning.

Mr. Vitter, did you have any final questions?

Mr. VITTER. No, I have no more. Thank you.

Mr. MICA. I have finished. We are going to leave the record open for a period of 2 weeks for possible additional questions to the witnesses, and also for submission of additional testimony by those who wish to have statements made part of the record.

So at this juncture, I want to again thank the principal and president of De La Salle High School here, for hosting our subcommittee today and this congressional panel. I want to thank each of our witnesses. This sounds like a very effective program. It sounds like it could provide a model that we could look at, not only for this area, but possibly the country and look toward this program as something the Federal Government could cooperate with State and local governments.

I have only chaired this panel for a year and a half, and I am committed to find whatever works and whatever good examples of community-based programs that, again, are effective, that we can institute and model from. So I thank you for providing us with the background and information, and your success and some of the problems you have incurred with this program to date.

At this time, I will excuse this panel, and thank you again.

The second panel this morning consists of three witnesses, and I think we have a fourth individual who will be available for questions. George Cazenavette, he is a special agent in charge of the New Orleans field office for the Drug Enforcement Administration. Major Pete Schneider, he is the Counterdrug Coordinator for the Louisiana National Guard. Mr. David Knight, he is the director of the Gulf Coast HIDTA, the High-Intensity Drug Traffic Area. And I believe we also have Mr. Tony Soto, who is the Deputy Director of the HIDTA, and with the Jefferson Parish Sheriff's office.

Pleased to welcome all of these four witnesses and panelists. As I indicated at the beginning of this hearing today, this is an investigations and oversight subcommittee of Congress. We do swear in our witnesses which I will do in just a second.

Also, if you have any lengthy statements, documents, information, data that you would like to be made part of the record, on the unanimous consent request through the chairman, that would be granted.

At this time, if you would, please stand and raise your right hands.

[Witnesses sworn.]

Mr. MICA. The witnesses answered in the affirmative, let the record reflect, and I'm pleased to welcome this panel.

We will start out with the special agent in charge of the New Orleans field office of the Drug Enforcement Agency, George Cazenavette. You are welcome and recognized, sir.

STATEMENTS OF GEORGE CAZENAVETTE, SPECIAL AGENT IN CHARGE, NEW ORLEANS FIELD OFFICE, DRUG ENFORCEMENT ADMINISTRATION; MAJOR PETE SCHNEIDER, COUNTERDRUG COORDINATOR, LOUISIANA NATIONAL GUARD; DAVID KNIGHT, DIRECTOR, GULF COAST HIDTA; AND TONY SOTO, DEPUTY DIRECTOR, GULF COAST HIDTA

Mr. CAZENAVETTE. Thank you. Congressman Mica and distinguished members of the subcommittee, I am pleased to have the opportunity to appear before you today to discuss the growing dangers and concerns of drug traffic in the New Orleans metropolitan area. I would first like to thank the subcommittee for its continued support of the DEA and overall support of drug law enforcement.

As you are all well aware, the alarming spread of illegal drug abuse by our youth is having a profound effect in communities throughout the United States, including the New Orleans metropolitan area. It is fair to say that increasing use of such drugs as Ecstasy and methamphetamine by our youth is quickly becoming one of the most significant law enforcement and social issues facing our Nation today.

Between 1998 and 1999, past-year use of Ecstasy rose by a third amongst 10th-graders, and 56 percent amongst 12th graders. I have submitted a more detailed statement for the official record.

Mr. MICA. Without objection, that entire statement will be made a part of the record. So ordered.

Mr. CAZENAVETTE. Thank you, sir.

In carrying out its mission, DEA is responsible for the investigation and prosecution of criminals and drug gangs who perpetrate violence in our communities and terrorize citizens through fear and intimidation. The drug organizations operating today have an unprecedented level of sophistication and are more powerful and influential than any of the organized crime enterprises preceding them. The leaders of these drug trafficking organizations oversee a multi-billion-dollar drug industry that has wreaked havoc on communities throughout the United States.

As many of you know, in addition to a rise in heroin use and abuse, New Orleans is experiencing an alarming increase in club and designer drug use by teenagers and young adults in night clubs, rave venues, parties and drinking establishments. No place is this more evident than at the rave functions that have become so popular throughout the New Orleans area.

These rave functions, which are parties known for loud techno music and dancing in underground locations regularly host several thousand teenagers and young adults who use MDMA, LSD, GHB, Ketamine and methamphetamine, alone or in various combinations. The age range for raves in the New Orleans is 15 to 24 years, with the mean age range between 18 and 22. This poly drug abuse has been supported by information acquired during interviews with hospital emergency rooms, physicians and local law enforcement officials.

Club and designer drugs have become such an integral part of the rave circuit that there no longer appears to be any attempt to conceal their use. Rather, drugs are sold and used openly at these parties. Traditional and non-traditional sources continue to report flagrant and open drug use at raves.

Intelligence indicates it has also become commonplace for security at these parties to ignore drug use and sales on the premises. In 1998, several teenagers died in New Orleans from overdoses while attending rave parties. Tragically, many teens do not perceive these drugs as harmful or dangerous. Ecstasy is marketed to teens as a feel-good drug and is widely known at raves as the "hug drug." In fact, misperceptions among teens has led to one local ambulance reporting at least 70 requests for emergency medical assistance in the past 2 years, hospital officials throughout the New Orleans metropolitan area have reported that as GHB has grown in popularity among raves, overdoses have increased significantly.

A little over a year ago, three 14-year-old girls in Jefferson Parish used a product containing GBL, and were later admitted to a hospital after being found lying unconscious in a driveway. In 1998, Ketamine, also known as "Special K," was responsible for three deaths in New Orleans.

While attempting to direct enforcement efforts to avert such tragedies, the New Orleans field division has recognized that such efforts are different from those required to combat other illicit drugs such as cocaine and heroin. This is largely due to the age of the distributors and the consumers alike, as well as the venue where the drug transactions typically occur.

Of particular note, one recent MDMA investigation resulted in the arrest of members of an organization who were transporting MDMA from Houston to be distributed in New Orleans, Miami and New York. Members of this organization were responsible for distributing thousands of dosage unit quantities of MDMA to high school and college students, primarily at rave functions in the New Orleans area. In a post-arrest statement, one member of this organization stated that he was also selling MDMA to students at a local area high school. Another member of the organization stated that he distributed MDMA tablets at rave functions in New Orleans for about $10 to $15 a tablet. This individual further stated that he had distributed about 250,000 MDMA tablets in about 20 trips to New Orleans.

In conclusion, DEA is continually working to develop and revise strategies to enhance enforcement effectiveness and aggressively develop investigations to dismantle significant drug trafficking organizations affecting the New Orleans area. We are confident that, with the dedicated and tireless efforts of all our employees, we will continue to successfully address not only existing drug problems, but be proactive in devising strategies to address the emerging trends in drug trafficking.

To further complement our enforcement initiatives and in an effort to educate and alert the citizens of New Orleans, DEA frequently conducts drug-related training and workshops throughout the New Orleans metropolitan area. Over the past year alone, the demand reduction program has provided peer leadership in DWI programs in the area schools. Numerous workshops were offered to train teachers, parents, classrooms and youth leaderships, all of which were well received.

This past March, 12 youths from the New Orleans metropolitan area attended a national drug leadership conference hosted by the Drug Enforcement Administration, Pensacola, FL. Next month, training is scheduled for coordinators in the Safe and Drug-Free Schools Program. All of these training opportunities and workshops provide the DEA a positive venue to educate the youth about the devastating effects and consequences of drug use and at the same time steer them toward a healthy and successful future.

I thank you for providing me the opportunity to address the subcommittee, and look forward to taking any questions you may have on this issue.

Mr. MICA. Thank you. And we will withhold questions until we have heard from everyone on the panel.

Our second witness is Major Pete Schneider. He is the Counterdrug Coordinator for the Louisiana National Guard. Welcome and you are recognized, sir.

[The prepared statement of Mr. Cazenavette follows:]

Remarks by

George J. Cazenavette, III
Special Agent in Charge, New Orleans Field Division
Drug Enforcement Administration
United States Department of Justice

Before

The House Subcommittee on Criminal Justice, Drug Policy and Human Resources

Regarding

"The Drug Threat in Schools: Is Drug Testing An Effective Deterrent ?"

May 30, 2000
10:00 am
De La Salle High School
5300 St. Charles Avenue
New Orleans, Louisiana

Note: This is prepared text and may not reflect changes in actual delivery

Statement of
George J. Cazenavette, III
Special Agent in Charge
New Orleans Field Division
Drug Enforcement Administration
Before the
House Subcommittee on Criminal Justice, Drug Policy and Human Resources
New Orleans, Louisiana
May 30, 2000

Congressman Mica, distinguished members of the Subcommittee: I am pleased to have the opportunity to appear before you today to discuss the growing dangers and concerns of drug trafficking in the New Orleans metropolitan area. I would first like to thank the Subcommittee for its continued support of the Drug Enforcement Administration (DEA) and overall support of drug law enforcement.

As you are well aware, the alarming spread of illegal drug abuse by our youth is having a profound affect in communities throughout the United States, including the New Orleans metropolitan area. It is fair to say that increasing use of such drugs as ecstasy and methamphetamine by our youth is quickly becoming one of the most significant law enforcement and social issues facing our nation today. Between 1998 and 1999, past year use of ecstasy rose by a third among 10th graders, and by 56 percent among 12th graders.

Because DEA is the only single-mission federal agency dedicated to drug law enforcement, the agency has developed and further advanced our ability to direct resources and manpower to identify, target and dismantle drug organizations headquartered overseas and within the United States. In carrying out its mission, DEA is responsible for the investigation and prosecution of criminals and drug gangs who perpetrate violence in our communities and terrorize citizens through fear and intimidation. The drug organizations operating today have an unprecedented level of sophistication and are more powerful and influential than any of the organized crime enterprises preceding them. The leaders of these drug trafficking organizations oversee a multi-billion dollar cocaine and heroin industry that has wreaked havoc on communities throughout the United States.

In an effort to diminish the flow of drugs into this area, the New Orleans Field Division has dedicated six enforcement groups that actively investigate drug trafficking organizations responsible for the transportation and distribution of drugs throughout the metropolitan area. This area represents the largest metropolitan area in Louisiana with more than 1.2 million residents, including the cities of New Orleans, Slidell, and Kenner, as well as Jefferson, Saint Bernard, Saint Tammany and Saint Charles Parishes.

These enforcement groups work predominantly in a multi-agency environment, several of which include task forces made up of Federal, state, and local law enforcement agencies in the New Orleans metropolitan area as well as the surrounding areas of Slidell and Hammond, Louisiana. Investigations are conducted to target organizations who transport and distribute Cocaine Hydrochloride (HCL) and crack cocaine, marijuana, methamphetamine, heroin, LSD, MDMA, GHB and Ketamine, all of which are trafficked and abused drugs in the New Orleans metropolitan area.

Drugs Available in New Orleans:

Historically, the vast majority of cocaine smuggled into the greater New Orleans area is controlled by Colombian Drug Trafficking Organizations. Typically, these organizations - consisting of mid-level traffickers answering to bosses in Colombia – continue to be organized around compartmented "cells" that operate within a given geographic region. Some cells specialize in a particular facet of the drug trade, such as cocaine transport, storage, wholesale distribution, or money laundering. Each cell, which may be comprised of 10 or more employees, operates with little or no knowledge about the membership in, or drug operation of, other cells. Consequently, cocaine HCL and crack cocaine saturate all parts of New Orleans. In either form, it is available in all segments of society, including all areas of the city and suburbs, as well as the southern parishes.

Crack cocaine is an inexpensive, purified form of cocaine which is processed into tiny chips or chunks. Soon after crack first appeared in the early to mid-1980's, crack abuse swept through the country. Three factors contributed to this: first, the drug was cheap and affordable; second, it was easy to smoke; and third, its effects were rapid and intense. Because of this rapid high, crack is more quickly addicting; it is also cheap enough to be available to young and poor users. These factors have made crack an extremely marketable product. In the New Orleans metropolitan area, crack is distributed by both Colombian and Mexican trafficking organizations. Once cocaine HCL is transported to the New Orleans area, it is converted into crack. It is divided into packages consisting of dosage quantities to multi-ounce quantities before it is sold to lower level street vendors for further distribution. One member of a violent crack cocaine organization recently pled guilty after being arrested as a passenger in a vehicle transporting 17 kilograms of cocaine from Houston to New Orleans.

Marijuana found in the New Orleans area generally originates in Mexico and is transported into the area primarily from Texas concealed in hidden compartments of privately owned vehicles or tractor-trailers. This drug is commonly used by all racial and socioeconomic classes and is often used in conjunction with crack cocaine and other drugs. Although dangers exist for marijuana users of all ages, risk is greatest for the young. For them, the impact of marijuana on learning is critical, and often proves pivotal in the failure to master vital interpersonal skills. Another concern is marijuana's role as a "gateway drug," which makes subsequent use of more potent and disabling substances more likely. The Center on Addiction and Substance Abuse at Columbia University found adolescents who smoke marijuana 85 times more likely to use cocaine than non-smoking peers.

Heroin in New Orleans is still principally found in powder form within the inner city areas such as housing projects and lower economic areas. Recent trends, however, indicate that it is also becoming more available in the suburban areas surrounding the city. During the 1990's heroin use started to rise as the addict population grew and changed. Heroin on the street became purer; the price stayed the same; and more young and middle-class Americans began using the drug. According to DEA's Domestic Monitor Program (DMP), the majority of heroin seized in New Orleans since 1997 was white or yellow confirming that it originated in South America or Southeast Asia. Through the DMP, the Drug Enforcement Administration is able to collect accurate information regarding the nature of the domestic heroin problem, including price and purity data, trends and patterns of use, marketing practices and availability.

One recent investigation in New Orleans resulted in the seizure of one pound of uncut Colombian heroin and the arrest of ten individuals who were members of an international organization with strong ties to New York. New Orleans has also experienced a recent influx of Mexican black tar heroin as evidenced by another investigation that resulted in the seizure of approximately ½ kilogram of black tar heroin from an organization in California that was transported to New Orleans aboard a commercial airline. In yet another investigation, three members of an international organization with links to Texas were arrested for conspiracy and distribution of approximately ¾ kilogram of heroin. Generally speaking, however, most heroin trafficking groups in our division will not distribute quantities of heroin above the ounce level in order to avoid law enforcement scrutiny. There is little doubt that this is due to strict state laws that mandate a life sentence without benefit of probation or suspension of sentence for heroin distribution.

Recent statistics from the Drug Abuse Warning Network (DAWN) also indicate that the consequences of heroin abuse are increasing in the New Orleans area. Through DAWN statistics, DEA is kept abreast of drug abuse developments and trends throughout the nation. Current information obtained from New Orleans area narcotics treatment centers support the DAWN statistics and suggest that the majority of heroin hospital emergency room admissions were African-American/Males in the city of New Orleans and Caucasian/Males in the suburbs. In both areas of New Orleans, the majority (55 percent), of these heroin admissions was under 35. While heroin continues to be injected, intranasal use is becoming increasingly popular with users 18-25 years old. This is primarily due to the wider availability of high-purity South American heroin.

"Club" and "Designer" Drugs: An Emerging Epidemic:

In addition to the rise in heroin abuse, New Orleans is also experiencing an alarming increase in club and designer drugs used by teenagers and young adults in nightclubs, rave venues, parties and drinking establishments. No place is this more evident than at the rave functions that have become so popular throughout the New Orleans metropolitan area, as well as across the country. These rave functions, which are parties known for loud techno-music and dancing at underground locations, regularly host several thousand teenagers and young adults who use MDMA, LSD, GHB, Ketamine and Methamphetamine, alone or in various combinations. The age range for raves in the New Orleans area is 15-24, with the mean age range of between 18-22. This poly-drug abuse has been supported by information acquired during interviews with hospital emergency room physicians and local law enforcement officials.

"Club" and "Designer" drugs have become such an integral part of the rave circuit that there no longer appears to be an attempt to conceal their use. Rather, drugs are sold and used openly at these parties. Traditional and non-traditional sources continue to report the flagrant and open drug use at "raves." Intelligence indicates that it has also become commonplace for security at these parties to ignore drug use and sales on the premises. In 1998, several teenagers died in New Orleans from overdoses while attending a rave party. Tragically, many teens do not perceive these drugs as harmful or dangerous. Ecstasy is marketed to teens as a "feel good" drug and is widely known at raves as the "hug drug." One ambulance service has since advised that at least 70 requests for emergency medical assistance in the past two years were made relative to overdoses at rave events.

MDMA, also known as Ecstasy, LSD, Rohypnol and GHB are the most popular drugs among the rave scene because of their long lasting effects, inexpensive cost and ready availability. Reports indicate that ravers in the New Orleans area use a variety of forms of MDMA which makes it the predominate club drug and its abuse far exceeds other substances.

Gamma Hydroxy Butyrate (GHB) is easily accessible at rave parties and is currently popular among teenagers and young adults in the New Orleans area. Commonly referred to as a date rape-drug, GHB was originally used as a substitute anabolic steroid for strength training, bodybuilding and weight control. It was also alleged to be a growth hormone releasing agent to stimulate muscles. GHB costs approximately $10 per dose in New Orleans and is frequently mixed with amphetamine in an alcoholic drink. This drink, known as a Max, has allegedly appeared in New Orleans. Hospital officials throughout the New Orleans metropolitan area have reported that as GHB has grown in popularity among ravers, overdoses have increased significantly.

Gamma Butyrolactose (GBL), the solvent precursor for GHB, can be found in products such as Invigorate, Blue Nitro and Renewtrient at some health food and nutrition stores as well as on the Internet. A little over a year ago, three fourteen year old girls in Jefferson Parish used one of these products containing GBL and were later admitted to a hospital after being found lying in the driveway of a home. The girls were unconscious and bleeding from the nose. Law enforcement officials had limited options at that time to combat this abuse since these substances were not yet regulated by DEA (note: On February 18, 2000, GBL became a Schedule I chemical and is now subject to criminal, civil and administrative sanctions of the Controlled Substances Act).

Rohypnol, also known as a date-rape drug, is popular at raves among high school and college students who take the drug with alcohol or use it after cocaine ingestion. Popular because of its low cost of only $5-10 per tablet and the misconception that it is safe and cannot be detected by urinalysis, Rohypnol is a Schedule IV controlled substance under both state and Federal law.

LSD first emerged as a popular drug of the psychedelic generation in the 1960's. Its popularity appeared to decline in the late 1970's an effect attributed to a broader awareness of its hazardous effects, though it never completely vanished from the drug subculture. Over the past decade, there has been a resurgence of LSD abuse, especially among young adults. Liquid LSD has been seized in Visine bottles at rave functions. LSD is also sold at raves in the New Orleans area on very small perforated paper squares that are either blank or have a cartoon-figure design.

As of August 1999, Ketamine, also known as "Special K," was placed in Schedule III of the Controlled Substance Act. Used primarily by veterinarians as an anesthetic, Ketamine produces hallucinogenic effects similar to PCP with the visual effects of LSD. One recent report stated that Ketamine has been stolen from veterinary supply sources in Louisiana. Additional information indicates that some dentists in the New Orleans area are now diverting Ketamine into the illicit market. Law enforcement officials have reported the Ketamine in powder form appears very similar to a pharmaceutical grade of cocaine HCL. In its powder form, the user snorts Ketamine in the same manner as cocaine at 5-10 minute intervals until the desired effect is obtained. There were three Ketamine deaths reported in New Orleans in 1998.

A noteworthy trend is the recent emergence of female drug dealers at raves, which is a deviation from the traditional profile of male drug dealers at these functions. The distributors at raves and their "runners" are generally in their teens. This is probably because teenagers are not only contemporaries of the rave subculture, but also because they are less likely to be suspected and are subject to limited prosecution due to their age. Many of these drug dealers sell drugs to support their own personal use, while profit or a perception of social status motivates others. Another advantage to recruiting young drug dealers is that they are easily intimidated by their source of supply. There have been instances where Disc Jockeys were involved in the distribution of club drugs. These Disc Jockeys concealed their narcotics in sound equipment such as speaker boxes and distributed drugs from the Disc Jockey area at the rave functions.

"Runners" are usually advanced a supply of drugs to sell at a rave function and will return to the Disc Jockey area for another supply while delivering the proceeds of sales to the supplier. Further information has confirmed that runners are usually given V.I.P. badges that allow them to come and go from the Disc Jockey area at their discretion. The sources of supply routinely employ bodyguards or other security measures and generally remain in the Disc Jockey area, rarely selling the drugs directly to the customer.

Enforcement Initiatives:

The New Orleans Field Division has recognized that enforcement operations which target designer or club drug distribution at the raves are different from the enforcement efforts required to combat other illicit drugs, such as cocaine and heroin. This is largely due to strict Federal sentencing guidelines for drug thresholds that make it difficult to prosecute club and designer drug trafficking at the federal level. As such, the vast majority of cases involving club and designer drugs are prosecuted in the state system.

Of note, one recent MDMA investigation resulted in the arrests of members of an organization who were transporting MDMA from Houston to be distributed in New Orleans, Miami and New York. Members of this organization were responsible for distributing thousands of dosage unit quantities of MDMA to high school and college students primarily at rave functions in the New Orleans area. In a post arrest statement, one member of this organization stated that he was also selling MDMA to students at a local area high school. Another member of the organization stated that he distributed MDMA tablets at rave functions in New Orleans for about $10-15 each. This individual further stated that he had distributed about 250,000 MDMA tablets in about 20 trips to New Orleans and other parts of Louisiana. One of the smuggling techniques this organization used was to body carry MDMA tablets for delivery aboard commercial airlines. On at least one occasion, MDMA was deposited in a storage vault in New Orleans before it was distributed and sold at the rave functions in the New Orleans area by the runners.

Recently, Special Agents of the New Orleans Field Division seized two GBL labs in Lafayette, Louisiana, that included 70 ounces of diluted GBL packaged and ready for sale, along with several hundred boxes used for packaging 32 ounce plastic bottles. GBL was mixed with water and potassium sorbate, which is a preservative. The mixture was cut in a ten to one ratio, costing only $1.25 to fill a 32-ounce bottle. The end product was sold to customers over the Internet for $60-$90. There is a strong possibility that orders for GBL might have been purchased by ravers in the New Orleans metropolitan area. Louisiana lawmakers are so concerned over the number of young overdose victims that a bill has been filed through the special session that will add GBL to the list of illegal depressants, treating it like other date-rape drugs.

Conclusion:

The DEA is continually working to develop and revise strategies to enhance enforcement effectiveness and aggressively develop investigations to dismantle significant drug trafficking organizations affecting the New Orleans metropolitan area. We are confident that with the dedicated and tireless efforts of all our employees, we will continue to successfully address not only existing drug problems, but be proactive in devising strategies to address emerging trends in drug trafficking.

To further complement our enforcement initiatives and in an effort to educate and alert the citizens of New Orleans, DEA frequently conducts drug-related training and workshops throughout the New Orleans metropolitan area. Over the past year alone, the Demand Reduction Program has provided peer leadership and DWI programs in the area schools. Numerous workshops were offered to train teachers, parents, classrooms, and youth leadership, all of which were well received. This past March twelve youths from the New Orleans metropolitan area attended the National Drug Leadership Conference hosted by the Drug Enforcement Administration in Pensacola, Florida. Next month, training is scheduled for coordinators in the Safe and Drug Free Schools Program. All of these training opportunities and workshops provide the Drug Enforcement Administration a positive avenue to educate the youth about the devastating effects and consequences of drug use and at the same time steer them towards a healthy and successful future.

I thank you for providing me the opportunity to address the Subcommittee and I look forward to taking any questions you may have on this important issue.

Mr. SCHNEIDER. Thank you, Mr. Chairman. Congressman Vitter, Congressman Jefferson, good morning. I am Major Peter Schneider, Counterdrug Coordinator for the Louisiana National Guard Counterdrug task force. With me today is Captain John Michael Wells, the Drug Demand Reduction Administrator for the task force. I want to take this time to thank the committee for inviting me to present to you the outstanding programs the Louisiana National Guard is providing in the field of drug education.

For over 200 years, the National Guard has been called upon by her country, State and community to assist in all types of emergencies, conflicts and crises. Ten years ago, the Nation once again called upon the National Guard to join the homeland defense in the struggle against the invasion of illegal drugs into our Nation and communities. The Louisiana National Guard answered that call and has been involved in counterdrug support since the beginning. The Guard's counterdrug task force provides soldiers and airmen to Federal, State and local drug law enforcement agencies, community coalitions and numerous other organizations involved in supply and drug demand reduction.

Throughout Louisiana, soldiers and airmen of the task force are providing counterdrug support for supply reduction in areas such as intelligence analysts, linguistic support, case support, cargo mail inspection, aerial observation and communication support. In demand reduction, the task force provides support in areas such as mentoring, drug awareness education, coalition development, life skills training and curriculum development. We currently support over 50 Federal, State and local agencies with 120 soldiers and airmen. In fiscal year 1999, the Louisiana National Guard assisted the drug law enforcement agencies in the seizure of over $170 million worth of illegal drugs, to include over 25,000 pounds of marijuana and over 8,500 pounds of cocaine.

Although a large portion of our support is provided in the supply reduction efforts, we are moving more and more of our manpower and resources into demand reduction missions. Our supply reduction efforts have been extremely successful, however we realize the ultimate solution to the drug crisis is demand reduction, specifically prevention and education. And the place to start is with our children.

Our drug demand reduction missions are currently reaching children and young adults throughout Louisiana. In fiscal year 1999, we reached over 48,000 children and young adults through various programs. In addition to the full-time support of the counterdrug task force, the Adjutant General of Louisiana mandates that each National Guard unit in the State perform at least one drug demand reduction mission per year.

The counterdrug task force is responsible for coordinating these missions to validate their purpose. And as a result, many of these units focus their projects on their local schools. Each year the task force receives hundreds of requests from schools, community coalitions and neighborhood groups wanting to participate in one or all of our programs. The most-requested program we have, particularly from schools, is our ropes challenge course. The ropes course is a series of low and high-element obstacles that are sequenced in order of complexity to bring out specific learning objectives. Children from 9 years old to 18, in groups of 12 to 30, participate in this day-long adventure. Teamwork, communication and ingenuity are just a few of the skills the ropes course emphasizes.

Trained Guardsmen facilitate the training and provide constant guidance and encouragement. The facilitators bring out the learning from the experiences by relating the lessons learned to real-life problems the young people will have to overcome. We currently have three ropes courses located throughout Louisiana with a fourth to be built by the end of this fiscal year. Of the four courses, two will have been built with assets seized from drug cases.

Another program we are heavily involved in is Drug Education for Youth [DEFY], funded by the Department of Justice's executive office for Weed and Seed and sponsored by the Louisiana National Guard. DEFY reaches out to elementary and middle school children; 40 children ages 9 to 12, participate in a 5-day residential drug prevention camp. During the camp, students participate in a curriculum that centers around building self-esteem and positive attitudes. Guest speakers who are community role models are brought in to reinforce the message of drug prevention.

After the residential portion, a 9-month mentoring phase with each child begins. Student and mentors participate in at least one activity per month for 9 months. The Guard provides the facilities, manpower, coordination, personnel and transportation. For 2 years, we have hosted the camp on Jackson Barracks.

The Guard continues to partner with successful organizations in an effort to maximize our efforts. One successful organization is the New Orleans Council on Alcohol and Drug Abuse [CADA]. Our efforts with CADA are reaching middle school students in the New Orleans area. Through a 12-week module, 1 hour per week, our Guardsmen team up with CADA personnel go into middle schools and present on topics such as self-esteem, peer pressure, gangs and violence, conflict resolution, decisionmaking and responsible behavior. We also discuss specific drug facts.

An integral part of this program is pre- and post-testing. This testing allows us to measure knowledge, attitudes and behavior related to drug use and violence. The testing results are showing this program is making a successful impact on the awareness on drugs. Students are telling us at the end of the 12-week module they feel confident that they will be able to make better decisions due to the knowledge they have gained from this program.

Another successful organization is Rapides Safe and Drug-Free Schools in Rapides Parish. Our Guardsmen are concentrating here on fifth and sixth-graders. Once again, we are going into the classroom in order to conduct drug awareness training. In addition to student training, we are also coordinating an effort here to conduct teacher in-service training on drug awareness and how to spot the signs of troubled students. In 1999, our Guardsmen coordinated and participated in the first sixth-grade conference on respect geared toward reducing violence in schools.

Our newest initiative is the high school drug awareness program. This intense 5-hour curriculum focuses on 11th and 12th graders. The unique aspect of this program is that Army National Guard recruiters teach the course. After recruiters receive training on how to conduct this program, they go into the classroom and teach on topics such as alcohol, tobacco, cocaine, self-esteem and responsible decisionmaking. Post-testing is also used to determine knowledge, behavior and attitudes toward drugs. Over 90 percent of the students in this program have found the course valuable.

Our task force is approaching our drug demand reduction mission with science in mind. No longer can we afford to just show up in school in uniform, make a presentation and then leave. We are promoting programs with fact-based results. Through pre- and post-testing, surveying and interviewing, we are able to determine whether the programs we are using are having the desired outcome. We believe, and the statistics seem to support, the programs mentioned here are becoming effective tools in drug prevention education in schools. The National Guard Counterdrug Program has, for 10 years, been a tremendously successful program. Statistics have shown the impact the Guard has had on supply and addiction and drug demand reduction. However, with all of our successes, we still face a budget process that limits our ability to consistently offer successful programs to our communities.

The President's No. 1 goal in the national drug control strategy is to educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco. However, each year the President submits a budget that does not fully fund the National Guard's counterdrug programs. Full funding of the National Guard's program requires $192 million for fiscal year 2001. The President's budget request for fiscal year 2001 is $152 million. The impact of a fluctuating budget each year is we are faced with taking Guardsmen off counterdrug duty because of insufficient funding. The solution to this instability is for the President and Congress to fund the National Guard's counterdrug State plans at the law authorization of 4,000 troops in fiscal year 2001. This would require a $40 million increase over the President's proposed budget.

Major General Landreneau, the Adjutant General of Louisiana is committed to the Guard's mission in drug prevention and interdiction. Through the full-time support of the counterdrug task force and the missions performed by the Louisiana National Guard, we will be able to eliminate this problem.

Once again, thank you for the opportunity to speak to you today, and I will be happy to answer any questions that you may have.

Mr. MICA. Thank you. And I will recognize next Mr. David Knight, and he is the Director of Gulf Coast HIDTA, High-Intensity Drug Traffic area. Welcome sir, and you are recognized.

[The prepared statement of Major Schneider follows:]

Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources

Major Pete Schneider
Louisiana National Guard
Counterdrug Task Force

The Louisiana National Guard has been involved in Counterdrug support for ten years. The Guard's Counterdrug Task Force provides soldiers and airmen to Federal, State and Local Drug Law Enforcement Agencies (DLEA's), community coalitions and numerous other organizations involved in supply and drug demand reduction. Throughout Louisiana, soldiers and airmen of the Task Force are providing counterdrug support for supply reduction in areas such as intelligence analyst, linguistic support, case support, cargo/mail inspection, aerial observation and communication support. In demand reduction, the task force provides support in areas such as mentoring, drug awareness education, coalition development, life skills training and curriculum development.

We currently support over 50 federal, state and local agencies with 120 soldiers and airmen. But as you are quite aware, our level of support changes each year due to fluctuations in the President's budget for National Guard Counterdrug operations.

In fiscal year 1999, the Louisiana National Guard assisted DLEA's in the seizure of $174 million worth of illegal drugs, to include over 25,000 lbs of marijuana and over 8,500 lbs of cocaine.

Although a large portion of our support is provided in supply reduction efforts, we are moving more and more of our manpower and money into demand reduction missions. Our supply reduction efforts have been extremely successful, however we realize we need to increase our efforts in reducing the demand. The place to start is with our children. Our drug demand reduction missions are currently reaching children and young adults throughout Louisiana. In fiscal year 1999, we reached over 48,000 children and young adults through various programs. In addition to the full-time support of the Counterdrug Task Force, the Adjutant General of Louisiana mandates that each National Guard unit in the state perform at least one Drug Demand Reduction mission per year. The Counterdrug Task Force is responsible for coordinating these missions to validate their purpose. Many of the units focus their projects on their local schools.

Each year the task force receives hundreds of requests from schools, community coalitions and neighborhood groups wanting to participate in one or all of our programs.

The most requested program we have (particularly from schools) is our Ropes Challenge Course. The Ropes course is a series of low and high element obstacles that are sequenced in order of complexity to bring out specific learning objectives. Children from 9 years old to 18, in groups from 12 to 30, participate in this daylong adventure. Teamwork, communication, and ingenuity are just a few of the skills the ROPES course emphasizes. Trained guardsmen facilitate the training and provide constant guidance and encouragement. The facilitators bring out the learning from the experiences by relating the lessons learned to real life problems the young people will have to overcome. We currently have three courses located throughout Louisiana, with a fourth to be built by the end of this fiscal year. Of the four courses, two were built with assets seized from drug cases.

Another program we are heavily involved in is Drug Education for Youth (DEFY). Funded by the Department of Justice Executive Office for Weed & Seed and sponsored by the Louisiana National Guard, DEFY reaches out to elementary and middle school children. Forty children ages 9-12 participate in a five day residential drug prevention camp. During the camp, students participate in a curriculum that centers around building self-esteem and positive attitudes. Guest speakers who are community role models are brought in to reinforce the message of drug prevention. After the residential portion, a nine-month mentoring phase with each child begins. Student and mentors participate in at least one activity per month for the nine months. The Guard provides the facilities, manpower, coordination and transportation. For two years we have hosted the camp on Jackson Barracks.

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The National Guard Counterdrug Program has for 10 years been a tremendously successful program. Statistics have shown the impact the Guard has had on supply interdiction and demand reduction. However, we still face a budget process that limits our ability to consistently offer successful programs to our communities. Each year we face a fluctuating budget that does not allow us to consistently maintain our programs. Each year we are faced with taking guardsmen off Counterdrug duty because of insufficient funding. The solution to this instability is to for Congress to fund The National Guard's Governor's State Plans at the law authorization of 4000 troops. With full funding, this program could put an additional 1000 soldiers and airmen into full time support of Counterdrug activities.

The Louisiana National Guard is committed to the mission of drug prevention. Through the full-time support of the Counterdrug Task Force and the missions performed by Louisiana National Guard units each year, we can continue to educate our children on the disasters that are associated with drug use.

Mr. KNIGHT. Thank you. Good morning, Mr. Chairman, Mr. Vitter and Mr. Jefferson. Thank you for inviting me to testify today before this important subcommittee.

I am here on behalf of the more than 280 officers, agents and Guardsmen from more than 50 law enforcement agencies, and the National Guard that participate in the Gulf Coast High-Intensity Drug Trafficking Area program. We are aware of your work on these very important issues, and we thank you for your support.

I also have submitted a lengthy statement.

Mr. MICA. Without objection, your entire statement will made part of the record. Proceed.

Mr. KNIGHT. And I will summarize that statement briefly here.

In many ways, the Gulf Coast represents the United States in microcosm. If something is happening in New York or Los Angeles, it will probably happen here as well, only on a different scale. And unlike some of the other HIDTA that can focus on one or two drugs at a time or one or two trafficking modalities, the Gulf Coast HIDTA is faced with the entire gamut of drugs and drug trafficking.

We have a smuggling threat, we are a staging and transit zone, we face a drug distribution problem that affects other parts of the country as well as our own. Methamphetamine manufacture and trafficking is increasing dramatically, and marijuana production is a continuing issue. Cash businesses such as the casino industry help make us attractive to money launderers. We have national and local gangs, not just in the cities, but in the small towns as well, and the violence that goes with them.

Cocaine and its derivative crack, remain our major problem. Marijuana imported and homegrown is easily found, and a continuing problem. Heroin use is on the rise, which to an old narc like me is particularly frightening. So-called club drugs as Mr. Cazenavette mentioned, things like Ecstasy, LSD, GHB are readily available at raves and on the street. And law enforcement authorities tell me that we are about to be overrun with methamphetamine.

Just 3 or 4 years ago, we would hear of three or four clandestine methamphetamine labs in a year's time. Now we are hearing reports of hundreds. In 1999, Gulf Coast HIDTA initiatives participated in the dismantling of 44 clandestine labs, methamphetamine labs, and that just represents a fraction of the total. In Alabama, a non-HIDTA case began with the controlled delivery of some marijuana. Authorities there seized what I am told was the largest methamphetamine lab ever found East of the Mississippi, and 84 pounds of methamphetamine.

Law enforcement agencies' commitment to attempt to deal with these problems is high. The resources available to them are not. Most of the agencies that participate in the HIDTA are understaffed, under-funded and under-trained. Gulf Coast HIDTA is one of several programs designed primarily to help State and local agencies, but the task is great. Our program balances much-needed support for operational matters, with funding for operational infrastructure that is not normally available in agency budgets. When possible, the agencies build on existing structures or task forces. If necessary, they build new ones.

As you know, the Gulf Coast HIDTA is composed of 12 counties or parishes in Louisiana, Alabama and Mississippi. Fourteen initiatives house 22 collocated task forces that are designed to address specific parts of the threat. They have made significant accomplishments over the past 3 years. Unfortunately, the changing drug threat leaves important parishes and counties uncovered by the HIDTA program. Too often we have been unable to respond to the changing drug threat in a timely manner. I am concerned that that will be the case on the Gulf Coast, and I am very pleased to have the opportunity to bring these matters to your attention.

Thank you very much for having me testify this morning, and thank you very much for your very important work.

[The prepared statement of Mr. Knight follows.]

Gulf Coast
High Intensity Drug Trafficking Area

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May 30, 2000
Testimony Before
The House of Representatives Committee on Government Reform
Subcommittee on Criminal Justice, Drug Policy, and Human Resources

Testifying
David Knight, Director
Gulf Coast High Intensity Drug Trafficking Area
3838 North Causeway Boulevard
Three Lakeway Center, Suite 1900
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David Knight has served in a variety of positions on local or federal law enforcement agencies since 1966. He has been the Director of the Gulf Coast HIDTA since its inception in 1997. The Gulf Coast HIDTA encompasses twelve counties or parishes in Louisiana, Mississippi and Alabama. Fifty-four law enforcement agencies provide about 280 full-time participants to HIDTA task forces in the three-state area.

Mr. Chairman, distinguished members of the subcommittee, I would like to thank you for the opportunity to testify before you. I am proud to represent the fifty-four law enforcement agencies that participate in the Gulf Coast High Intensity Drug Trafficking Area program. Thank you for your interest and support of the law enforcement community.

In December of 1996, the Director of the Office of National Drug Control Policy (ONDCP) declared designated counties and parishes in Alabama, Mississippi and Louisiana as the Gulf Coast HIDTA. In Louisiana, the designated parishes are Orleans, Jefferson, East Baton Rouge and Caddo.

A 1999 assessment of the drug threat, particularly that posed by rapidly expanding methamphetamine production and abuse, prompted the Gulf Coast HIDTA Executive Committee to request an expansion of its counties and parishes in Mississippi and Louisiana. The request is in two parts: Part One proposes to add two counties in the Jackson, Mississippi area and one parish in the Shreveport, Louisiana area; Part Two proposes to add one county in Mississippi and two parishes in Louisiana. Part One can be accomplished with existing resources whereas Part Two will require additional funding. No additional funds were allocated in FY 2000. In the past, funding enhancements to the HIDTA Program in other states have been the result of congressional initiative. The Gulf Coast HIDTA budget has been level at $6 million since inception.

Each year, Gulf Coast HIDTA participants prepare a multi-agency Threat Assessment. Using this document as a base, we devise a strategy to address the threat and initiatives to implement the strategy. Each initiative is responsible for its own performance measures, or outputs, and is awarded its own budget. The initiatives report their progress to state boards several times a year and quarterly to the HIDTA Director and Executive Committee.

The drug threat comes from several areas. The three states serve as a gateway for drugs entering the United States through seven deep-water ports and over 8,000 miles of largely unpatrolled coastlines and waterways. The area is convenient to a large portion of the United States because of its rivers, waterways, highway systems, railways and numerous commercial and private airports. Its strategic location between the southwest border and eastern seaboard make it an attractive transshipment point for drugs destined to other parts of the country. The potential for a shift in the smuggling routes from the southwest border to the Gulf Coast and Caribbean should be recognized. The casino gaming industry and other cash businesses attract those who need to launder money gained from illegal activities. Violent drug trafficking organizations and a recent dramatic growth in methamphetamine traffic contribute to a serious localized drug problem as well. Law enforcement agencies have identified about three hundred drug trafficking organizations in operation.

Cocaine and its derivative, crack, create the greatest social, economic and violent crime impact. Marijuana is the most frequently encountered drug. The manufacture, distribution and use of methamphetamine are growing faster than with any other drug. Just a few years ago, law enforcement authorities would seize two to four clandestine methamphetamine laboratories per year. Now, they receive reports of hundreds. Gulf Coast HIDTA task forces participated in 44 clandestine lab seizures in 1999, which represents only part of the overall activity. This increase is particularly notable in the northern parts of the three states. Heroin use is increasing in some areas, and so-called "club drugs" such as LSD, GHB and ecstasy are a continuing source of concern. Areas within the Gulf Coast HIDTA are ranked at or near the top in the occurrence of violent crime due in large part to illicit drugs.

Mission

The mission of the Gulf Coast HIDTA is to measurably reduce the impact of Gulf Coast drug trafficking on other parts of the United States and to measurably reduce violent drug trafficking in its immediate three-state area.

Strategy

The Gulf Coast HIDTA's Strategy is to address the area's drug problem through a holistic approach. This is accomplished by a balanced drug enforcement effort targeting local, regional and international drug trafficking/money laundering organizations operating within the area. The Gulf Coast HIDTA strategy is a systematic approach to facilitate cooperative, collaborative law enforcement efforts, balancing direct support to enforcement operations with systems that will enhance law enforcement efforts for years to come. Specific initiatives focus on various aspects of the threat to ensure that problems in specific geographical areas receive attention. Coordination of effort is achieved through communication among initiatives, Executive Committee and State Board oversight, and the interagency composition of intelligence, interdiction and investigative subsystems.

In addition to the enforcement priorities mentioned earlier, our organizational priorities for 2000 are the implementation of an intelligence-sharing plan, which includes linking all initiatives to a wide-area computer network. We are seeking suitable software for an intelligence database that will be compatible with existing systems.

Training is another important component of this holistic approach. The Gulf Coast HIDTA provides needed specialized training throughout the three states on a variety of drug enforcement topics. The Gulf Coast HIDTA implements its strategy through the funding of 12 drug enforcement initiatives, two intelligence support initiatives, and a management and coordination initiative. Fifty-four agencies participate in these initiatives.

The following are initiatives funded by the Gulf Coast HIDTA:

1. Louisiana Operations Center -- Located in Metairie, La., this initiative includes a Major Investigations Team (MIT), a Mobile Deployment Team (MDT), a Financial Investigations Team (FIT), the Surveillance Team, a Technical Operations Group (TOG) and a state-of-the-art digital wire intercept facility. The Management and Coordination is also collocated in this center. The MIT targets major drug trafficking organizations operating in the greater New Orleans area. The MDT targets local drug trafficking/distribution organizations operating in area neighborhoods and communities and coordinates highway interdiction operations. This team supervisor received a "Top Cop" award in May, 2000 for overall achievement, and one of its agents received a "Top Cop" award for an outstanding investigation in Bogalusa, La. The FIT targets drug smuggling/money laundering activities. The Surveillance Team provides manned, covert surveillance to any law enforcement agency. The TOG coordinates the acquisition of technical surveillance equipment, maintains the GULF COAST HIDTA equipment inventory, and accomplishes covert electronic installations. The wire intercept facility is capable of monitoring up to 18 wire intercepts at one time and is capable of providing support to all initiatives in the three-state area and beyond. The facility is available for non-HIDTA investigations as well.

2. Project STAR Task Force -- This nationally-acclaimed group targets the 17 most violent neighborhoods in Jefferson Parish, La. The task force selects and surveys target neighborhoods to identify the problems as perceived by residents and to identify known and suspected traffickers. They target these traffickers for immobilization. This task force coordinates with the Louisiana Mobile Deployment Team and Major Investigations Teams.

3. New Orleans Gang Task Force -- This task force targets violent criminal groups involved in drug trafficking in New Orleans, some with national connections. The Task Force decimates whole gang organizations through sophisticated investigative techniques and the application of RICO-styled prosecutions in federal and state courts. The New Orleans Metropolitan Crime Commission named this the Federal task force of the year and presented its "Excellence in Law Enforcement Award" in January, 2000. New Orleans Police Superintendent Richard Pennington has credited this team with being instrumental in helping reduce the murder rate in New Orleans to the lowest level since 1985.

4. Asian Organized Crime Task Force -- This task targets Asian Gangs involved in drug distribution and related violent crime primarily in the New Orleans area. Investigations are aimed at decimating entire Asian criminal organizations. Intelligence information gathered by the task force is shared with other GULF COAST HIDTA components.

5. Middle Louisiana Drug Task Force -- This task force targets major drug trafficking organizations operating in the East Baton Rouge Parish area. It consists of a Major Investigation Team and a Transportation Interdiction Unit led by a local law enforcement supervisor.

6. Caddo/Bossier HIDTA Task Force -- This task force targets major drug trafficking organizations operating in the Shreveport area. In addition, the task force engages in special interdiction operations at commercial terminals. It shares information closely with the Caddo Parish Gang Task Force.

7. Caddo Parish Drug and Gang Task Force – Law enforcement sources trace the beginnings of Louisiana gangs to Shreveport, La., located in Caddo Parish. The task force focuses on Caddo Parish chapters of national gangs with the goal of developing far-reaching conspiracy prosecutions. Sources-of-supply for gangs are referred to the Caddo/Bossier Task Force.

8. Alabama Operations Center -- This initiative is comprised of a Major Investigations Team that targets major drug trafficking organizations operating in the Montgomery, Ala. area and a Mobile Deployment Team capable of addressing drug trafficking/distribution organizations that impact specific neighborhoods. The center houses the offices of the Alabama Director of Operations and a program analyst, who oversee the administration of all Gulf Coast HIDTA funded initiatives within the State of Alabama. The U. S. Customs Service recently awarded members of the MIT letters of appreciation for their work in dismantling a major trafficking ring.

9. Jefferson County Drug Task Force -- The Jefferson County Task Force is an enforcement team aimed at targeting major drug traffickers operating in and around Birmingham, Ala. The task force focuses on methamphetamine distribution in the area, which is increasing exponentially. They also assist local law enforcement in targeted neighborhoods for street-level enforcement and respond to significant interdiction stops on the highways and commercial transportation terminals.

10. Mobile/Baldwin Counties Task Force -- The Mobile/Baldwin Counties Task Force targets major drug traffickers operating in the Mobile/Baldwin, Ala.-area. The task force augments drug interdiction efforts at airports, seaports, bus and rail terminals, major highways, and inland waterways directly impacting Mobile and Baldwin counties. It also works with local law enforcement agencies to address specific organizations or trafficking problems. Its intelligence team supports all area law enforcement.

11. Mississippi Operations Center -- Located in Jackson, Miss., this initiative includes a Major Investigations/Financial Investigations and a Mobile Deployment Team. Like the other centers, this team targets major drug trafficking/money laundering organizations operating in

the Jackson area, targets local drug trafficking organizations and coordinates highway interdiction efforts. The center also houses the offices of the Mississippi Director of Operations and a program analyst. Two members of this center, one local and one federal, have received awards for their enforcement efforts.

12. Tri-County Major Investigations Team -- The Mississippi coastal counties of Hancock, Harrison and Jackson, also known as the Mississippi Gulf Coast, offer a myriad of opportunities to drug traffickers. Smuggling, interstate transportation, money laundering and drug distribution are particularly attractive to drug trafficking organizations in this area. The heavy concentration of casinos has brought a tourism boom to the Mississippi Gulf Coast. The three counties are bisected by 1-10, a favorite transportation route utilized by drug trafficking oganizations. This initiative targets major organizations operating in the three-county area. It conducts much needed post seizure analysis of highway interdiction stops. Money laundering investigations centered on Mississippi Gulf Coast casinos are also a high priority.

13. BLOC/HIDTA Watch Center -- This intelligence support initiative is located in Gulfport, Miss. and partners with the collocated U.S.C.S. Blue Lightning Operations Center providing all HIDTA teams with 24-hour 800-telephone number communications with the Watch Center. It provides rapid name checks for patrol officers through U.S. Customs databases. The center also assists in coordinating controlled deliveries. The Watch Center also provides post seizure analysis to requesting agencies.

14. Intelligence Coordination Network -- The Gulf Coast HIDTA Intelligence Coordination Network (ICN) is designed to enhance existing Gulf Coast HIDTA intelligence collection components by coordinating collection and dissemination processes. The mission of the ICN is to facilitate effective and efficient distribution of intelligence among Gulf Coast HIDTA initiatives. The initiative expedites the flow of pertinent information gathered from the Wiretap Center, Surveillance Team, BLOC/HIDTA Watch Center, Post Seizure Analysis Team, individual initiatives, and the Mobile/Baldwin Counties Task Force Intelligence Team.

15. Management and Coordination Initiative -- Collocated with the Louisiana Operations Center in Metairie, La., this initiative provides administrative and programmatic oversight to the Gulf Coast HIDTA. The initiative is responsible for coordinating the timely required submissions to ONDCP such as the Threat Assessment, Strategy, Initiatives and Budgets, and Annual Report. With direction provided by the Gulf Coast HIDTA Executive Committee, the Gulf Coast HIDTA Director insures ONDCP and Gulf Coast HIDTA policies and guidelines are followed.

Accomplishments

Gulf Coast HIDTA resources are contributing to significant agency accomplishments. New Orleans, for example, reports a decrease in crime of about 30 percent in 1999 over the previous year. Five of our other six major cities show a decrease in the Crime Index Total of 5 to 25 percent. Murder rates in five other cities have declined by 10 to 38 percent. National averages are about 11 and seven percent respectively. The HIDTA Program is only one of several factors that have contributed to these accomplishments, but the impact of cooperative, collaborative law enforcement fostered by our HIDTA has made a difference.

Individual initiatives also report significant accomplishments. HIDTA resources have provided free training to more than 2,000 law enforcement officers throughout the Gulf South. In 1999, Gulf Coast HIDTA initiatives targeted 98 drug trafficking and money laundering organizations and successfully dismantled or disrupted 89 or about 91 percent. Some of these include long-standing organizations that have been law enforcement targets for years. In 1999, law enforcement agents in Gulf Coast HIDTA initiatives arrested 1,644 people. They seized more than 5,700 pounds of cocaine, 20,000 pounds of marijuana, 142 pounds of methamphetamine, and $10 million in cash and drug-related assets. They also assisted other law enforcement agencies in many arrests and seizures for which they took no statistical credit. The synergistic effect of marshaling multi-agency resources and information has resulted in prosecutions that individual agencies have not been able to accomplish before. HIDTA also provides state-of-the-art infrastructure for multi-agency investigative use that would not be available through individual agency budgets.

The following agencies participate in the Gulf Coast HIDTA:

- **Federal:** Bureau of Alcohol, Tobacco & Firearms, Drug Enforcement Administration, Federal Bureau of Investigation, Immigration & Naturalization Service, Internal Revenue Service, U.S. Customs Service, U.S. Department of Defense, Joint Task Force Six, U.S. Department of Housing & Urban Development, U.S. Marshal Service, and U.S. Postal Service.

- **State:** AL Governor's Office, AL Attorney's General Office, AL Bureau of Investigation, AL National Guard, University of South AL, LA State Police, LA National Guard, MS Bureau of Narcotics, MS Department of Transportation, MS Department of Public Safety, and MS National Guard.

- **Local:** Ascension Parish, LA SO, Baton Rouge, LA PD, Bay St. Louis, MS PD, Biloxi, MS PD, Bessemer, AL PD, Birmingham, AL PD, Bossier City, LA PD, Bossier Parish, LA SO, Caddo Parish, LA SO, E. Baton Rouge Parish, LA SO, Fairfield, AL PD, Gulfport, MS PD, Gonzales, LA PD, Hancock County, MS SO, Harrison County, MS SO, Hinds County, MS SO, Jefferson County, AL SO, Jefferson Parish, LA SO, Jackson, MS PD, Jackson, MS Municipal Airport Authority, Mobile County, AL SO, Mobile, AL PD, Montgomery, AL PD, Montgomery County, AL SO, New Orleans, LA PD, Rankin County, MS SO, Saraland, AL PD, and Shreveport, LA PD.

I have appended three documents to my written testimony. The first graphically depicts the increased dedication of agency resources to Gulf Coast HIDTA since we began operations in 1997. In three years, while funding remained level, agency participation grew from 3 initiatives made up of 84 people from 22 agencies to 15 initiatives, 282 people and 54 agencies. The budget remained level at $6 million.

The second document is a rough map of Louisiana, showing the locations of Gulf Coast HIDTA task forces. It includes proposed task forces in Monroe and Lafayette, La. which will be initiated if funding becomes available.

The third is a list of Gulf Coast HIDTA Executive Committee members and Louisiana State HIDTA Board members. It shows that half of each board are from federal agencies and half from state or local agencies.

This concludes my testimony. Again, thank you for this opportunity and for your support. I will be pleased to answer any questions.

Mr. MICA. We appreciate your testimony and I will recognize next Mr. Tony Soto. Did you have a statement?

Mr. SOTO. No, sir, I was just here to answer any type of local perspective you might need.

Mr. MICA. All right. Well then, we have heard from all of these witnesses, and I will start with some opening questions here.

We heard from our DEA field office Director, Mr. Cazenavette, that we are seeing a rash of designer drugs and methamphetamine coming into this area. A particular problem, I guess, with the young people, the designer drugs you spoke about, the rave clubs. Where are these drugs coming from?

Mr. CAZENAVETTE. Most of the designer drugs are manufactured clandestinely.

Mr. MICA. Locally or are they being transported internationally or domestically?

Mr. CAZENAVETTE. We have Ecstasy coming in internationally, but most of the methamphetamine——

Mr. MICA. How is that transported into this area?

Mr. CAZENAVETTE. It is usually body-carried in.

Methamphetamine is manufactured here. We have been getting methamphetamine out of Mexico, but we are seeing the larger labs, we are seeing some of them being operated by Mexican nationals here.

Mr. MICA. Where are they getting the precursor chemicals?

Mr. CAZENAVETTE. The precursor chemicals, most of those are coming from outside of the United States. We have some chemical controls that we—new legislation and what have you, and the majority of the chemicals are coming from outside.

Mr. MICA. Where?

Mr. CAZENAVETTE. What countries are they coming from?

Mr. MICA. Yeah, where is the precursor chemical coming from for methamphetamine?

Mr. CAZENAVETTE. I would have to get you that answer, I am not sure.

Mr. MICA. The influx of the designer drugs that we see coming in, is that an organized, or is this a combination of small dealers?

Mr. CAZENAVETTE. The ones that we are seeing is a combination of small dealers. The one organization that I mentioned was significant in just the volume, the amount of drugs that they were moving, 250,000 of them over a couple of years, that is quite a bit, on 20 trips actually the individual said he took.

But as in methamphetamine, we are seeing just literally hundreds and hundreds of labs that are actually operated by individuals. We call them mom and pop labs, they are making 3, 4 ounces at a time and selling it. They get other chemicals. The chemicals for these are mainly coming from—you can go buy them at supermarkets, Sam's, and what have you.

Mr. MICA. The meth problem seems like it has hit pretty hard in the rural areas. And is that spreading now to the suburban and urban areas?

Mr. CAZENAVETTE. We are seeing that; the majority of the methamphetamine in the New Orleans division is produced in Arkansas. But we have seen it now moving over to northern Louisiana, northern Alabama, northern Mississippi. And we are seeing it more and more filtered down. So I think it is just coming, it will be here.

Mr. MICA. Mr. Knight said that the structure of the HIDTA which was set up in 1996 was limited to some counties that had particularly harsh problems in 1996, but cited inflexibility as a problem with keeping up with current trends. Do you find that to be the case, as far as the effectiveness of this HIDTA, and do we need to revisit that configuration?

Mr. CAZENAVETTE. Yes, sir. We are trying, we would like to see it be extended into northern Alabama. We would like to see it go over to the western part of Louisiana. We are seeing more and more of our smaller communities, Monroe which is northern Louisiana, Lake Charles, Lafayette, we are seeing quite a bit of drug activity there, and we would like to have these HIDTAs extended out.

Mr. MICA. There has been an operational budget of around $6 million, and I think Mr. Vitter and others are requesting additional funding for the HIDTA. Is this a worthwhile expenditure, and are we getting results? And is this HIDTA effectively operating, in your estimation?

Mr. CAZENAVETTE. I believe that it is. The $6 million, we have been very conscious about the programs that we are putting into this HIDTA, and I have worked very closely with Mr. Knight and his staff, so we are making the dollars stretch. But you can only do so much with them. And when we want to get into other areas and expand the HIDTA itself, the only way you can do that is by gorging someone else's ox, and people, you know, they are not going to go for that.

Mr. MICA. How would you describe the cooperation and participation in the HIDTA? Is it pretty broad and everyone participating on a successful basis? Is there some improvement needed?

Mr. CAZENAVETTE. No, sir. And I will speak to this area here——

Mr. MICA. So it is not working well?

Mr. CAZENAVETTE. It is working fine. It is working fine. In fact, you have Chief Pennington and Chief Kenjemmi in the audience who supply personnel to this HIDTA and we work very good with all the agencies.

Mr. MICA. And all the agencies are cooperating?

Mr. CAZENAVETTE. Yes, sir.

Mr. MICA. All right. I asked that because, as we have gone around the country, we find that we have varying degrees of participation.

And what about hard assets and equipment, and do you see the need for anything specifically that we should pay attention to?

Mr. CAZENAVETTE. Any type of technical equipment is always useful. Always useful. It helps our agents, it makes our manpower stretch a lot further, we can do more with this type of equipment than you can with just the agent personnel itself.

Mr. MICA. What about the inability for local, State and Federal enforcement agencies to communicate because of different frequencies or different types of technical communications equipment?

Mr. CAZENAVETTE. That has always been a problem, and a problem for us for the last 31 years that I have been doing it. If we have an operation, normally, everybody passes out radios so we can all talk to each other. But if there was a system that everybody could use, obviously it would benefit everyone.

Mr. MICA. And full cooperation in investigative efforts with other agencies, including FBI?

Mr. CAZENAVETTE. That is correct.

Mr. MICA. Would you describe the level of prosecution, Federal prosecution for narcotics and offenses here?

Mr. CAZENAVETTE. We get very good cooperation from our U.S. Attorney. All of our investigations, DEA's plus the DEA-led HIDTA initiatives, we go to our U.S. Attorney and we get responses.

Mr. MICA. There has been pressure on Congress to do away with minimum mandatory sentencing. For the record, could you state your opinion?

Mr. CAZENAVETTE. I think they should stay just like they are. It is a deterrent.

Mr. MICA. Mr. Knight, would you comment for the record about minimum mandatory?

Mr. KNIGHT. Keep them.

Mr. MICA. Mr. Soto, since you are here?

Mr. SOTO. Yes, sir, likewise. I have seen that——

Mr. MICA. You are with the sheriff's office with the parish here?

Mr. SOTO. Yes, I am employed by Jefferson Parish, assigned to the HIDTA as a deputy director.

Mr. MICA. What do you think about Federal minimum mandatory?

Mr. SOTO. I have seen great benefits, taking a lot of hardened criminals off the street that normally were in the State system over and over again. And then we go ahead and switch it over to the Federal side and get these guys off the street for a while. So I have seen its effect and it has done very well.

Mr. MICA. Thank you. Mr. Vitter.

Mr. VITTER. I really have no questions. I did want to take an opportunity to recognize several folks in our audience, distinguished members of the law enforcement community. Eddie Jordan, the U.S. Attorney from the Eastern District of Louisiana, we appreciate your being here. Also, Richard Pennington, Chief of Police with the city of New Orleans and Nick Kenjemmi, chief of police of the city of Kenner. And we are going to have a less formal discussion after this hearing, and you all are certainly invited. We look forward to your input about how the Federal assets can work very jointly, in a cooperative spirit with local and State government on all of these drug issues. So we appreciate your participation.

I also want to recognize Peggy Wilson, formerly the city council and with De La Salle High School, we appreciate your being here and helping host us at De La Salle.

That is all I have, Mr. Chairman.

Mr. MICA. Mr. Jefferson.

Mr. JEFFERSON. Thank you, Mr. Chairman.

I want to get to this drug testing issue. Mr. Schneider talked about the various programs that he has and he mentioned a number of them. And he talked about pre- and post-testing of young folks involved in at least one or several of your programs. Could you tell me what this testing consists of and how this testing program is going forward and how effective you think it is?

Mr. SCHNEIDER. It is basically a surveying and questionnaire of students before we present the program to them. And then after we present the program to them, it is another questionnaire of did you learn anything, what have you learned? You know, do you think that you are better educated and you are better aware to make better decisions as these objectives are thrown at you? And it also tells us whether we are presenting the right information, or do we need to shift gears and bring out new topics? Methamphetamine, does that need to be a bigger topic?

So as we find out what they are needing, we are adjusting our pre- and post-testing to figure out if we are answering the questions that they really have.

Mr. JEFFERSON. So it is not a test that involves hair testing or urinalysis or anything such thing as that?

Mr. SCHNEIDER. No. No, sir.

Mr. JEFFERSON. How do you choose the children who participate in the program?

Mr. SCHNEIDER. We rely on the agencies that we support to target the different schools, and we are a matter of supporting those counselors that go into it. But we do not select the schools, we let the agencies that we support do that.

Mr. JEFFERSON. There are lots of programs out here that are really working very hard and doing a good job within their sphere of operations to help keep young people off drugs, and when they are on it to help straighten them out as best they can. We talked a little bit about coordination between Mr. Pennington's office, the U.S. Attorney's office and Mr. Connick's office and so on, but all this drug testing issue, the question here is whether we can get a set of protocols put together for some cooperation between the various agencies to try and test—have as many young people as we can tested for drug use, because what you are reporting is a substantial drug use in our community, and many drugs the children have no real education about and I suppose part of our problem is getting a good education out there, particularly about these new drugs. Because they have heard a lot about the old ones and they move from that to these so-called less terrible ones, and we find out that they are just as bad as everything else. I mean, that is part of it, I know.

But what Mr. Connick is trying to focus on, and I think what I would like to see us pay some attention to this morning is, how we can work together as a law enforcement community to focus on one way to deal with testing as many of our children as possible for drug use, because we know it is going on. We do not know who among them is out there using it, and their parents do not know, and the school may know some but the teachers do not necessarily know. But it is happening. Once we are able to find out that they are using it then we can do something about it, and it does not have to be that they get thrown out of school or not given a chance to complete their school work or whatever, it means that they can get the help they need to try to restore them to a path that is going to lead to a better, more successful future.

So can we reach some agreement, do you think, if we sat down about it, about whether the non-invasive, or relatively non-invasive—for me it is not invasive, I have very little hair to test.

But for those folks that do have it, can we agree that we ought to go forward kind of with an effort that Mr. Connick has been trying to install in this community for a good long time, that when we all preach the same gospel about testing, hair testing for drug use, and try to prosthelytize that throughout our school system, and try and push it at every level to make sure that we have as many people giving it credence and credibility as we possibly can? Would that be a good approach to this, to get at this problem? And do you have any problems with this idea of drug testing through hair sampling?

Mr. CAZENAVETTE. From DEA's stance, no, not at all. From my personal stance, I have two sons, and as a parent I would have had no objections whatsoever from anybody drug testing them. I would want to know. I would want to know. And I think from an agency standpoint, we support that effort. We do it by trying to lead the example by drug testing our employees, and I know that other police departments in this area, they also drug test their employees.

Mr. JEFFERSON. The Supreme Court seems to have said that for students involved in certain extra-curricular activities, like sports and so on, you can do all sorts of tests there. For the rest of the children who are not involved in student leadership or whatever, it becomes more difficult. Then you have to have parents volunteering to make sure that it works out any legal problems. And that is where I think if we can focus our efforts on this, just trying to convince parents, going to parents and—going to schools and telling them that this would be a wonderful use of our time and of our coordinated efforts, we can do that.

And I just want to urge all of us to work in that direction so that we can—I remember at a meeting the other day, the President was talking about education. And he said that there is something out there that is working, everywhere in the country. There is a program, or two or three, that have worked splendidly everywhere they have been used, but our trouble is replicating the successful things.

And so the issue is, we need to focus on one way to get after this drug testing thing, and we preach that thing throughout our community and see if we cannot get people to buy it, parents particularly and schools, to buy it and go in that direction as a way in. So I hope, I just want to encourage—it is not much of a question, Mr. Chairman—I just want to encourage that sort of cooperation here on this issue.

The last thing I want to ask, because the chairman asked a policy question.

We spend a lot of money trying, not only interdict drugs coming into the country, but also with a whole lot of programs in other countries, trying to ask folks not to grow crops, to stop whatever, the growth of the plants that are used to create these various drugs. And we spend a lot of money on that. A lot of folks in Congress question whether that is the smart thing to do, whether we ought not to spend more money on the treatment issues here at home, on testing, and on other law enforcement issues here, and on treatment programs to bring people back when we found out that they have had some problems with drugs and need to restore them.

Do you have any feel about whether, in this universe of spending—and anybody at the table—that we are putting too much emphasis on trying to suppress crop growth in, let us say, in Colombia, as opposed to trying to put treatment centers here in our country, and to do testing in our country, and to give you guys more money to try and stamp out the use in this country?

Mr. CAZENAVETTE. I think it is a total effort. You cannot just look at it from one particular perspective. You have to do it, the whole game. You got have to go from the beginning to the end. And should we be focusing our efforts down there to have them reduce crops? Absolutely. But should we do that to the detriment of something else? That would be up to someone that has actually got the purse strings to make that decision. But from an enforcement standpoint, we have to be aggressive, and we have to go at it at the origin, and we have to hit it everywhere between there until the final distribution.

Mr. JEFFERSON. Anybody else?

Mr. CAZENAVETTE. Go right ahead.

Mr. KNIGHT. Mr. Jefferson, I think where you sit determines where you stand. It troubles me that we are talking about putting $1.6 billion into the government of Colombia for eradication efforts when we have so many problems here at home. But if we do not deal with that, the problems are going to continue. I believe Mr. Connick said earlier that, as long as we have a demand for drugs, they are going to keep coming here. So I second Mr. Cazenavette's comment that it is an issue of balance. We have to deal with the foreign operations, we have to deal with prevention, we have to deal with treatment and we have to deal with law enforcement. And we rely on you folks to make those decisions.

Mr. JEFFERSON. I wish we were all smart enough to do it without talking to you, but we are not, you still need to help us make the right ones.

On this issue of the demand, I was in some country or other, the other day, and the government had just democratized about a year ago. And we asked what their priorities were. And they said, we have got so many problems, nothing is a priority. Everything is—and so our conclusion was, when we left there, they are not going to get very much done if they do not make something here a priority. Everything is a priority, everybody is working on all kinds of stuff, and then nothing really gets done.

I think in, the way we are doing this thing now, we have a pot of money we are spreading all over the place. If Mr. Connick is right about the demand side of it, if you and I were in our garages, they were packed to the hilt with drugs and we did not use them, the fact that they were there would be irrelevant, because it would be—we would not make any use of it.

Somehow or other, on the demand side which includes education and treatment and prevention, is where our most pressing work seems to me to be, and I hope you will help us to think through that. Because if we can do that effectively, all this stuff for interdiction becomes less important because we have people that do not want to use the stuff, or who have been found out about and who we are getting some treatment for. The biggest problem we have is just like recidivism, folks who are on it keep going back on it, and we cannot get them off because we do not have the facilities here.

So we need to get some real hard thinking and help from you all about that in the law enforcement community, because, believe it or not, we rely on you as much as you rely on us to help—you are the experts in this area. Help us to make the decisions in this area. We need your help on that.

Thank you, Mr. Chairman.

Mr. MICA. Thank you. Mr. Vitter.

Mr. VITTER. And Mr. Chairman, I just quickly wanted to recognize another important player in this struggle who is in the audience. Mr. Jake Hadley. He is the Assistant Secretary with the Office of Alcohol and Drug Abuse for the State of Louisiana. Jake, we appreciate your being here today as well.

Mr. MICA. I have a couple of followup questions. I notice there has been a dramatic reduction in deaths in the New Orleans area. I think you were topping some 4 years ago in the 400 range, and it is down to 150-something, in that range, maybe that range. Can you provide the subcommittee with what you think is the reason for that dramatic reduction, and how they have managed to cut at least the murder rate in this community? Mr. Cazenavette.

Mr. CAZENAVETTE. Well, we work closely with the local enforcement officers, working closely with our HIDTA, targeting the most violent individuals that we can identify. And we have been doing that now for several years, and have been very successful. We had one organization that we took out that was responsible, I think we solved 16 homicides and the individual that was finally convicted, when asked after the conviction, he said he would do it all over again because he enjoyed it.

Mr. MICA. Was that drug related?

Mr. CAZENAVETTE. Yes, it was.

So we work very closely with Chief Pennington, Chief Kenjemmi, the other chiefs in the area. We have intelligence agents that go out and find out who the most violent are and we target them and go after them.

Mr. MICA. What was the percentage of murders—I asked some of the other panelists, I think Mr. Connick, those involved in narcotics offenses, or involved in illegal narcotics in the murder, the high murder rate you had here when you were in the 400 range?

Mr. CAZENAVETTE. The exact percent, I——

Mr. MICA. Just if you could give us a guess.

Mr. CAZENAVETTE [continuing]. It is over 70 percent. Over 70 percent.

Mr. MICA. And with the current murder population that you have seen here, what percentage would you estimate?

Mr. CAZENAVETTE. I would say it is still high. It has got to be right in the same range.

Mr. MICA. It is?

Mr. CAZENAVETTE. They are going down, though.

Mr. MICA. The number of deaths. But you attribute that to going after dealers and people involved in crime and violence?

Mr. CAZENAVETTE. That is correct. You put them in jail and they cannot kill anyone.

Mr. MICA. The National Guard program in Louisiana, do you go into both public and private schools?

Mr. SCHNEIDER. It depends on if the agency has targeted a program in that school where they need our support. But yes, we do.

Mr. MICA. You do go into both. And $40 million was the national increase in budget that you said you were requesting. How much would that be reflected in an increase in the Louisiana State budget?

Mr. SCHNEIDER. We would ask for approximately $875,000 to maintain the task force at its current strength.

Mr. MICA. I notice in testimony that was given this morning that there is an increase in deaths from designer drugs. What is the trend you are seeing there, Mr. Knight? Are these figures up, and what about, do you have any statistics you can provide this subcommittee at this point, where we are in drug-related deaths, and some historic perspective, maybe, the past 2, 3 years?

Mr. KNIGHT. That particular testimony came from Mr. Cazenavette. And I have been interested in the heroin overdose situation more than any other particular drug. I can tell you that the drug abuse warning network numbers for New Orleans have been up since the early 1990's. I do not recall the exact percentages. I know that those figures are always a couple of years behind. At one point it was 25 percent, I think in 1995 or 1996 they were up an additional 6 or 7 percent. And anecdotally, I am hearing from the people around New Orleans that that continues to rise.

Mr. MICA. Well we have homicides and we have drug overdose deaths. Would you care to comment, Mr. Cazenavette?

Mr. CAZENAVETTE. The designer drugs, the deaths that I am aware of, the ones that I mentioned in my testimony, the three individuals that overdosed, I believe it was on GHB, but the thing that I think is significant is that the report from the emergency rooms and people operating ambulances that we have interviewed said that their calls for drug overdoses have increased significantly. One of them commented that it was up 70 calls in a matter of, I believe it was over a 12-month period of time.

So I mean, when someone has overdosed, you are only a hair away from dying. So it is the luck of the draw. And when you get that increase in overdose activity, then you are going to have a corresponding increase in drug deaths.

Mr. MICA. Some of the HIDTAs have had flexibility in the use of their funds for treatment, for community education, prevention and possibly other programs such as the one we have heard here today, drug testing in schools. What would be your opinion if additional funds were made available to allowing more flexibility in their use for some of these other non-enforcement purposes?

Mr. CAZENAVETTE. I believe that the HIDTA should stick with the enforcement. I think there is a lot of programs out there for treatment and prevention, and there are ways you can fund these programs, increase their funding and what have you, have them work along with us. We have systems like the Weed and Seed where we go in on an enforcement operation, and then you want to have treatment and prevention people come in behind you. These organizations that do that, to give them additional funds, I would imagine they would be very appreciative of it.

But I am looking at it from an enforcement perspective, there is enforcement initiatives we would like to do, there is the expansion we would like to have. And if additional funds come in, I would like to see those enforcement initiatives and money for the treatment and prevention, use the agencies and the people that are out there doing it.

Mr. MICA. What kind of treatment programs are there in this area that are successful, and what percentages of success have you seen? Are you familiar enough to comment for the subcommittee?

Mr. CAZENAVETTE. No, sir, I am not.

Mr. MICA. Mr. Knight.

Mr. KNIGHT. There are a number of very successful programs operating throughout the three States, both in terms of treatment and prevention. Weed and Seed, Mr. Cazenavette mentioned. There is also the drug-free communities program, which is just getting started in the last couple of years. There are three or four communities in the three-State area—perhaps more, perhaps five, that have received grants of up to $100,000 where the community bands together, develops a drug-control strategy and implements the strategy. And frankly, we tried to do that on a much smaller scale with our operation when we were first starting out. We found out, No. 1, we were duplicating existing programs such as Drug-Free Communities. Drug-Free Communities did not actually exist at that time, but it has since come online. Weed and Seed program has become much more effective.

No. 2, we did not have the expertise to oversee those sorts of programs. We thought we could create something that would eliminate some bureaucracy and get communities working much more closely with law enforcement for common crime reduction goals, and we found that we did not have the expertise to implement that sort of program, nor did we have the staff. My executive committee voted to stick strictly with law enforcement matters.

There is—and I am sorry, I cannot think of—Rosemary Mumm would be much more familiar with this program than I am, that deals with treatment of prisoners when they have been released from prison, and putting them back into the community, job training, that sort of thing that has been very successful. The State of Alabama does a number of treatment programs in prison where they have also been very successful. But there are a number of people in this room that are more qualified than I am, but there are successes out there, I can tell you.

Mr. MICA. Mr. Soto, what about Jefferson Parish? You have successful treatment programs there?

Mr. SOTO. Yes, sir, we do.

Mr. MICA. What kind of success rate? Are you familiar with that?

Mr. SOTO. I am not familiar with the success rate, but I am familiar with the particular program.

Mr. MICA. Public or private or combination?

Mr. SOTO. Combination. I am familiar with a particular program in Jefferson Parish called Project STAR, and that was initiated by Jefferson Parish Sheriff's office, and it is a combination of enforcement and community policing, and it brings together all those elements into one neat package. And the acronym stands for Survey, Target, Arrest and Rejuvenate. And the program revolves around targeting the 17 most crime-ridden neighborhoods in Jefferson Parish for a specific community policing action, along with coordinated enforcement actions and followup.

Mr. MICA. How long does it take for someone in Jefferson County to get access to an inpatient bed for treatment? Are they available?

Mr. SOTO. They are available, but it is very strained. I could not give you the exact information.

Mr. MICA. What about outpatient services? Adequate?

Mr. SOTO. Outpatient, adequate, could need improvement.

Mr. MICA. OK. I am just trying to get a picture of what is going on in different communities. We will have an opportunity to meet with some of the local officials and discuss that, I think, after the hearing, informally.

Is there anything else that any of you would like to bring before the subcommittee today, again given our broad area of jurisdiction and oversight? Any recommendations you might have for us to take back to our colleagues or to Congress, something you would like to see done? That is one of the reasons we are here, as Mr. Jefferson and Mr. Vitter said, is to hear from you.

Mr. Soto.

Mr. SOTO. Yes, sir. I would like to mention that, you know, I know with the times now, about cutting back on Federal funding and trying to downsize, I do not think now is the time to try and downsize the fight on drugs, both on the demand side as well as on the enforcement side.

Mr. MICA. Mr. Knight.

Mr. KNIGHT. I will second Mr. Soto's comments. And again, mention the need for balance in Federal drug control efforts. We have tried emphasis on interdiction, we have tried an emphasis on investigations, all of which are very important. The law enforcement, of course, is the defense, if you will, in the war on drugs. But I think we have proven that, without a balanced approach, we cannot solve the problem.

Mr. MICA. Mr. Schneider.

Mr. SCHNEIDER. Yes, thank you.

Mr. MICA. You have already had the budget buster request in front of me. These local folks only asked for $2 million more.

Mr. SCHNEIDER. Yes. I am speaking nationally, of course.

What I would like to mention is that all of the programs that you have heard here, mentioned by all of these other agencies, the Guard is actively participating in, with the exception of treatment, in which we are not involved. But prevention, education, interdiction, the Guard in Louisiana is involved with all of these agencies, and I have Guard in supporting all of them. So just keep that in mind, that the Guard is intricately involved in all of the operations, both on interdiction and demands.

Mr. MICA. Mr. Cazenavette.

Mr. CAZENAVETTE. Just to emphasize that you need a balanced approach. These individuals, they are business people, the bottom line is everything to them. We had a recent case where we arrested two individuals out of New York that came down with 6 ounces of heroin and was giving it away, looking for a customer base. So you need to keep a very strong enforcement, and you also need to have that balanced approach of treatment and prevention.

After 31 years of doing this, I thought we could conquer the world. Well, we cannot, but I liken police officers to zoo keepers, you keep the animals in the cage so the people can enjoy walking around and having a good life. And you take the money away from the police officer and you are going to see a lot more people get hurt.

Mr. Mica. Thank you. Mr. Jefferson.

Mr. Jefferson. That is all, Mr. Chairman. I appreciate it.

Mr. Mica. Mr. Vitter.

All right. Well, I want to take this opportunity to thank each one of these witnesses for their participation in this panel, and for your work and dedication to trying to bring under control a very serious problem that we face, both from an enforcement and an education community standpoint. We appreciate your recommendations also to the subcommittee today, and we will see if we can incorporate some of the suggestions, good experience that we have learned about here in this community, hopefully be able to repeat it and also repeat some of that success.

There being no further business then to come before this subcommittee at this time, this hearing is adjourned. Thank you.

[Whereupon, at 12:30 p.m., this subcommittee was adjourned.]

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